



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2020
(Fiscal Year 2018-2019)



EXECUTIVE SUMMARY

Health and Safety Code, Division 2.5, Section 1797.254, requires the Emergency Medical Services (EMS) Agency to submit an EMS Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Los Angeles County FY 2018-2019 Annual Update which provides the required information on the status of our system and the EMS Agency's progress toward meeting long-range goals.

Communications:

The EMS Agency continues to be an active participant and voting member of the governing body of the Los Angeles Regional Interoperable Communications System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professional. It is being designed and built to serve law enforcement and fire service first responders, along with health service professionals throughout Los Angeles County.

With over 80 public safety agencies with approximately 34,000 first-responders, and encompassing a sprawling terrain of over 4,060 square miles that approximately 10 million people call home, the Los Angeles region seeks a modern interoperable public safety broadband network that allows multiple agencies to respond to the widest possible variety of emergencies. The LA-RICS Authority (JPA) is proposing to deploy a 700 MHz public safety mobile broadband network across all of Los Angeles County, featuring almost 300 wireless 700 MHz public safety broadband sites utilizing new and existing infrastructure, fixed microwave backhaul rings, and 100-miles of high-capacity fiber backbone. The network would enable computer-aided dispatch, rapid law-enforcement queries, real-time video streaming, medical telemetry, patient tracking, geographic information systems services for first responders, and many other broadband-specific applications.

LA-RICS is partnered with AT&T/First-Net, a nationwide first responder network authority to ensure coordination with the broadband network on a national level for public safety and first responders.

Data:

Efforts to incorporate the STEMI and stroke databases into a combined database with the three (3) core EMS Agency databases (EMS, base hospital, and trauma center) continue. To further enhance reporting and access capability, the EMS Agency continues to explore opportunities to improve TEMIS, such as a web-based solution.

Of the ~700,000 EMS responses in the County, 100% of patient care records from public EMS providers are now collected through an electronic patient care report (ePCR).

NEMSIS COMPLIANT (78% of system data)

Los Angeles County Fire District – (46% of system data) utilized STRYKER through June 29, 2020 and converted to Image Trend's ePCR platform on June 30, 2020.

City of Los Angeles Fire Department – (31% of system data) utilizes STRYKER

Cities of Torrance and Redondo Beach Fire Departments (2% of system data) – utilizes W.A.T.E.R.

NON NEMSIS COMPLIANT (21% of system data)

The remaining 26 fire departments are utilizing DIGITAL EMS

DIGITAL EMS is in the process of becoming NEMSIS complaint. Because of the work involved we expect completion in FY 2020-2021.

The EMS Agency is in the process of finalizing an export that will allow for the submission of EMS data to the EMSA, the anticipated completion date is in October 2020.

Sidewalk CPR:

The EMS Agency Sidewalk CPR annual program is held during National CPR and AED Awareness Week. On June 1, 2017, in collaboration with the American Heart Association and community partners, over 5,000 citizens received training on “hands-only” cardiopulmonary resuscitation (CPR). This is a system-wide community effort with many of the fire departments, hospitals, and ambulance companies providing valuable public education in this life-saving technique to improve bystander CPR response for victims of sudden cardiac arrest.

Exclusive Operating Areas (EOA) for 9-1-1 transportation:

The nine (9) EOAs in Los Angeles County are served by the following ambulance companies to provide 9-1-1 transportation services as follows:

- **EOA 1:** Santa Clarita Valley, Antelope Valley (3 cities, 46 unincorporated areas)
Awarded to: American Medical Response, Inc. (AR) as Agreement #H-707043.
- **EOA 2:** City of Monrovia
Care Ambulance Service, Inc. (CA) as Agreement #H-707291
- **EOA 3:** East County, Pomona Valley (11 incorporated cities, 10 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 4:** San Gabriel Valley (10 incorporated cities, 10 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284

- ***EOA 5:** Southeast County, Gateway Cities (19 cities, 12 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 6:** City of Compton
Westmed/McCormick Ambulance (WM) as Agreement #H-707042
- **EOA 7:** South Bay Cities (9 incorporated cities, 12 unincorporated areas)
Westmed/McCormick Ambulance (WM) as Agreement #H-707042
- **EOA 8:** City of Redondo Beach
Westmed/McCormick Ambulance (WM) as Agreement #H-707042
- **EOA 9:** West County (10 incorporated cities, 31 unincorporated areas)
Westmed/McCormick Ambulance (WM) as Agreement #H-707042

EMS System Data Report:

Our 7th issue of the annual *EMS System Data Report* was presented in December, 2018.

The goals of the system-wide data report include:

- Provide EMS data to our system participants, and in doing so encourage them to recognize the importance of their data in managing our system.
- Highlight data gaps and their impact on our ability to make data driven decisions and to properly evaluate the quality of patient care provided.
- Demonstrate how the EMS system design parallels the healthcare needs of the community in addressing the leading causes of death and disability (heart attack, stroke, and trauma) as reported by Public Health.

A copy of the *EMS System Data Report* is included in the documents submitted with this annual update.

Los Angeles County Disaster Health Care Coalition (HCC):

The HCC was established in October 2013 to coordinate strategic planning activities amongst healthcare facilities in various healthcare delivery sectors, public health agencies, other government entities and community partners to prepare for, respond to, and recover from emergencies and other incidents that impact the public's health.

LA County's HCC has an advisory committee with representatives from acute care hospitals, community health centers, long-term care facilities, dialysis centers, ambulatory surgery centers, home health/hospice agencies, EMS providers, volunteer organizations, and government agencies that support Emergency Support Function 8 (ESF 8) functions. The advisory committee is co-chaired by the LA County EMS Agency and Department of Public Health and meets three times per year to facilitate:

- Strategic planning
- Identification of gaps and mitigation strategies
- Operational planning and response
- Information sharing for improved situational awareness
- Resource coordination and management

In 2018/2019, LA County’s HCC membership was comprised of:

Acute Care Hospitals	81
Behavioral Health	1
Dialysis Centers	144
Emergency Management Organizations	2
EMS Providers	39
Federal Facilities	2
Home Health Agencies	93
Medical Reserve Corps (ESAR-VHP)	3
Non-Governmental Organizations	3
Outpatient Health Care Centers (Ambulatory Care, Clinics, FQHC, Urgent Care)	160
Professional Healthcare Trade Organizations	4
Public Health Departments	3
Skilled Nursing Facilities	203

Annual EMS Update:

EMS Update 2018 was from June 1, 2018 through November 30, 2018. All active paramedics and Mobile Intensive Care Nurses (MICNs) in LAC are required to attend EMS Update on an annual basis. The educational content is developed by LAC EMS Agency staff in collaboration with representatives from LAC Base Hospitals and Provider Agencies.

EMS Update is presented by Base Hospital and Provider Agency educators to EMS personnel. There were 4574 licensed/accredited paramedics and 876 certified Mobile Intensive Care Nurses (MICNs) educated in the following topics:

- Introduction to New Treatment Protocols
- Choosing Provider Impression
- Role of the Base / Paramedic
- Base Contact and Notification Tape Review
- Documentation Review
- Scenario-based learning

PROVIDER CHANGES:

Licensed Ambulance Operators (total of 37) licensed companies, new providers are indicated in **BOLD**. Reference No. 401.1, Licensed Ambulance Operators, is included with the documents submitted for the following providers:

- All Town Ambulance, LLC
- Ambulife Ambulance, Inc.
- Ambulnz Health, LLC
- Ambuserve, Inc.
- American Medical Response, Inc.
- American Professional Ambulance, Corp.
- Amwest, Inc. dba Amwest Ambulance
- Antelope Ambulance Service, Inc.
- Care Ambulance Service, Inc.
- California Medical Response, Inc.
- College Coastal Care, LLC
- EastWestProto, Inc. Lifeline Ambulance
- Emergency Ambulance Service, Inc.
- Explorer-1 Ambulance, Inc.
- Firstmed Ambulance Service, Inc.
- First Rescue Ambulance, Inc.
- **Go Green Ambulance, Corp**
- Guardian Ambulance Service, Inc.
- **Journey via Gurney, LLC dba Journey Ambulance**
- Liberty Ambulance Service, Inc.
- Filyn Corporation, Inc. dba Lynch EMS
- Mauran Ambulance Service, Inc.
- MedCoast Medservice, Inc. dba Medcoast Ambulance Service
- MedReach, Inc.
- MedResponse, Inc. dba MedResponse
- Premier Medical Transport, Inc.
- PRN Ambulance, Inc.
- Rescue Services International, Ltd. dba Medic-1 Ambulance
- Royalty Ambulance Services, Inc.
- DiBiassi, Inc. dba Symbiosis
- Symons Emergency Specialties, Inc. dba Symbiosis
- Trinity Ambulance and Medical Transportation, LLC
- Viewpoint Ambulance, Inc.
- **Vital Care Ambulance, Inc.**
- West Coast Ambulance, Inc.
- Westmed Ambulance, Inc. dba McCormick Ambulance

CHANGES TO DESTINATION POLICIES

The City of Los Angeles Fire Department was approved to participate in the OSHPD pilot project to transport patients meeting specific criteria to Sobering and Psychiatric Urgent Care Centers designated by the LEMSA. As part of this process the EMS Agency has added these centers to our Resource Directory - facilities list included. The EMS Agency will be moving forward to add these centers to our patient destination policy and develop criteria, protocols, monitoring, and quality improvement for this program. Draft copies of the policies and proposed training curriculum are attached. As this program is developed, all protocols, policies, monitoring, and quality improvement plans will go through our committee process and submitted to our EMS Commission for approval and/or recommendations. Our goal is to continue with the City of Los Angeles Fire Department's program, and then bring new departments on board once they meet all of the criteria for education and monitoring. The use of Sobering and Psychiatric Centers as destinations will be limited by the number and location of the designated centers.



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

LOS ANGELES COUNTY EMS SYSTEM REPORT

DECEMBER 1, 2019

ISSUE 8

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SPECIAL POINTS OF INTEREST:

- EMS Mechanisms of Injury (pages 6 & 7)
- ED Disposition and Patient Type (page 11)
- Injury Severity Scores (pages 14-15)
- Comprehensive Stroke Centers (page 20)

Message from the Director and Medical Director

This is the last report of the decade! We are pleased to present the 2019 Emergency Medical Services (EMS) System data report. This comprehensive report provides the data for our EMS system that demonstrates the breadth and quality of our pre-hospital care to the public. This report informs our stakeholders about the care from the prehospital setting to the emergency department. As one of the largest EMS systems in the United States we work collaboratively with our prehospital, emergency medicine and inpatient providers to integrate all settings of care for outcome optimization. The EMS Agency and providers have done a lot of work related to data from 2010 - 19. The initiation of electronic data capturing in the field has been a tremendous effort for the providers, vendors, and the agency staff. The addition of electronic data capturing has allowed us to be more nimble and accurate with our data reporting and system monitoring. Though, not easy, it has created great opportunities for our system. We have successfully implemented Provider Impression which empowers the EMS professionals to provide specific prehospital care based on our protocols. In response to this change from a chief complaint-based system of care to a Provider Impression based care, we are able to better define patient needs, provide more specific care, and evaluate that care in our quality improvement plan for the county. Our Trauma system has been in effect for over 35 years and provides needed trauma care to over 22,000 trauma patients per year. This report outlines mechanism of injury and identifies falls as the leading mechanism of injury in our county. These data provide the basis of local and regional injury prevention programs. Our ST elevation myocardial infraction (heart attack) centers continue to provide rapid treatment of heart attack and also serve as cardiac arrest centers where patients receive post resuscitation care. We have



Cathy Chidester
Director

worked collaboratively with public health to increase training in hands only cardiopulmonary resuscitation (CPR) which has led to an increase in bystander CPR rates 12% to 31%. We have also seen a continued increase in our return of spontaneous circulation (ROSC) rates from 14% to 45% in 2018. What an achievement for all our EMS providers and our system.

In 2017, 2018 and 2019 the EMS Agency and fire department partners received the American Heart Association Mission Lifeline GOLD award for data submission. This is a huge achievement for our system and offers a vision for our future collaborations that will improve patient care and outcome.

In 2018 we implemented a two-tier stroke system that designates both Primary and Comprehensive stroke centers. This expansion of comprehensive services allows for patients to be identified by paramedics that have severe strokes and then transported to the Comprehensive stroke center which has the ability to rapidly treat the stroke by emergent removal of offending blood clots in the circulation of the brain. This change in our system has resulted in greater access of this important therapy for patients as well as improved outcomes.

In 2019, our Stroke System received an award from the Los Angeles County Productivity and Quality Commission, recognizing

Innovative Ideas. In addition, our data is being used to critically analyze our EMS system performance. On the national level, data has helped us to set the standards for other systems.

Throughout this report, the data show that we are meeting basic standards for care, particularly in time performance, such as field time, time to EKG, to specialty center and to critical intervention. The next decade, 2020, we will be pushing to not just meet performance standards but to exceed them when appropriate and in the best interest of the patient.

Many thanks to our EMS Agency data staff and the leadership and talent of Richard Tadeo, Assistant Director, for not only their work on this report but for the daily efforts in managing and ensure the data quality for the system.



Dr. Marianne Gausche-Hill
Medical Director

2019 System Demographics

71 9-1-1 Receiving Hospitals

- 38 EDAP (Emergency Department Approved for Pediatrics)
- 10 Pediatric Medical Centers
- 7 Pediatric Trauma Centers
- 15 Trauma Centers
- 21 Paramedic Base Hospitals
- 36 STEMI Receiving Centers
- 18 Comprehensive Stroke Centers
- 34 Primary Stroke Centers
- 54 Perinatal Centers
- 45 Hospitals with Neonatal Intensive Care Unit
- 8 SART (Sexual Assault Response Team)
- 13 Disaster Resource Centers

EMS Provider Agencies

- 31 Public Safety EMS Provider Agencies
- 34 Licensed Basic Life Support Ambulance Operators
- 17 Licensed Advanced Life Support Ambulance Operators
- 20 Licensed Critical Care Transport Ambulance Operators
- 6 Licensed Ambulette Operators

EMS Practitioners

- 4,512 Accredited Paramedics
- 8,123 Certified EMTs by LA Co EMS Agency
- 883 Certified Mobile Intensive Care Nurses

9-1-1 EMS Providers by Service Planning Area (SPA)

SPA 1 - Antelope Valley (1 Provider)

Los Angeles County Fire Department
 Assessment Engines = 8
 Paramedic Engines = 2
 Rescue Squads = 7

SPA 2 - San Fernando Valley (3 Providers)

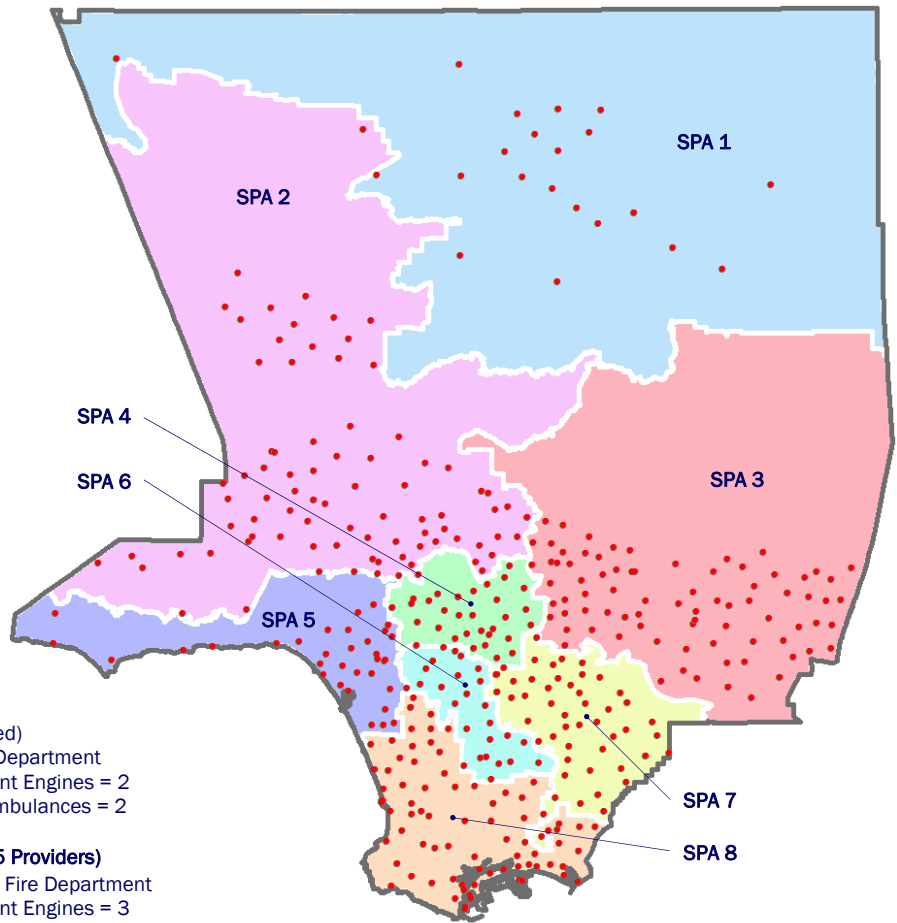
Burbank Fire Department
 Assessment Engines/Trucks = 8
 Rescue Ambulances = 4
 Los Angeles Fire Department
 Assessment Engines/Trucks = 33
 Rescue Ambulances = 32
 Los Angeles County Fire Department
 Assessment Engines = 3
 Rescue Squad = 7

SPA 3 - San Gabriel Valley (13 Providers)

Alhambra Fire Department
 Assessment Engines/Trucks = 5
 Rescue Ambulances = 2
 Arcadia Fire Department
 Rescue Ambulances = 3
 La Habra Heights Fire Department
 Paramedic Engine = 1
 La Verne Fire Department
 Assessment Engines/Trucks = 3
 Rescue Ambulances = 2
 Los Angeles County Fire Department
 Assessment Engines/Trucks = 7
 Paramedic Engine = 1
 Rescue Squads = 19
 Monrovia Fire Department
 Assessment Engines = 2
 Rescue Squads = 3
 Monterey Park Fire Department
 Assessment Engines = 2
 Rescue Ambulances = 3
 Pasadena Fire Department
 Assessment Engines/Trucks = 16
 Rescue Ambulances = 11
 San Gabriel Fire Department
 Assessment Engines = 2
 Rescue Ambulances = 3
 San Marino Fire Department
 Assessment Engines = 2
 Rescue Ambulance = 1
 Sierra Madre Fire Department
 Assessment Engines = 1
 Rescue Ambulance = 2
 South Pasadena Fire Department
 Assessment Engine = 1
 Rescue Ambulances = 2
 West Covina Fire Department
 Assessment Engines/Trucks = 6
 Rescue Ambulances = 3

SPA 4 - Metro (4 Providers)

Glendale Fire Department
 Assessment Trucks = 3
 Paramedic Engines = 13
 Rescue Ambulances = 2
 Los Angeles Fire Department
 Assessment Engines/Trucks = 24
 Rescue Ambulances = 29
 Los Angeles County Fire Department
 Rescue Squads = 2



SPA 4 (continued)

Vernon Fire Department
 Assessment Engines = 2
 Rescue Ambulances = 2

SPA 5 - West (5 Providers)

Beverly Hills Fire Department
 Assessment Engines = 3
 Rescue Ambulances = 5
 Culver City Fire Department
 Assessment Engines = 2
 Paramedic Engine = 1
 Rescue Ambulances = 3
 Los Angeles Fire Department
 Assessment Engines/Trucks = 9
 Rescue Ambulances = 11
 Los Angeles County Fire Department
 Assessment Engines = 3
 Paramedic Engine = 1
 Rescue Squads = 10
 Santa Monica Fire Department
 Paramedic Engines = 6
 Rescue Ambulances = 2

SPA 6 - South (3 Providers)

Compton Fire Department
 Rescue Ambulances = 3
 Los Angeles Fire Department
 Assessment Engines/Trucks = 11
 Rescue Ambulances = 15
 Los Angeles County Fire Department
 Assessment Engine = 1
 Rescue Squads = 3

SPA 7 - East (4 Providers)

Downey Fire Department
 Paramedic Engines = 4

SPA 7 (continued)

Montebello Fire Department
 Assessment Truck = 1
 Paramedic Engines = 3
 Los Angeles County Fire Department
 Assessment Engines = 4
 Rescue Squads = 12
 Santa Fe Springs Fire Department
 Assessment Engines = 3
 Rescue Squad = 1

SPA 8 - South Bay (7 Providers)

El Segundo Fire Department
 Assessment Engines/Truck = 3
 Rescue Ambulances = 2
 Manhattan Beach Fire Department
 Paramedic Engines = 2
 Rescue Ambulances = 2
 Long Beach Fire Department
 Assessment Engines = 11
 Rescue Ambulances = 9
 Los Angeles Fire Department
 Assessment Engines/Trucks = 8
 Rescue Ambulances = 8
 Los Angeles County Fire Department
 Assessment Engines = 8
 Paramedic Engines = 3
 Rescue Squads = 18

SPA 8 (continued)

Redondo Beach Fire Dept.
 Assessment Engines = 5
 Rescue Ambulances = 2
 Torrance Fire Department
 Assessment Engines = 6
 Paramedic Engine = 1
 Rescue Ambulances = 2
 Rescue Squads = 2

ALL SPAs

LA County Sheriff's Dept.
 Rescue Squads = 4

Helicopter EMS

Los Angeles Fire Department
 LA County Fire Department
 LA County Sheriff's Dept.

Rescue Boats

Long Beach Fire Department
 Los Angeles Fire Department
 LA County Lifeguards

9-1-1 Receiving Hospitals by Service Planning Area (SPA)

SPA 1 - Antelope Valley

2 Hospitals

Antelope Valley Hospital
Palmdale Regional Medical Center

SPA 2 - San Fernando Valley

17 Hospitals

Adventist Health—Glendale
Dignity Health-Glendale Memorial Hospital
Dignity Health-Northridge Hospital Medical Center
Encino Hospital Medical Center
Henry Mayo Newhall Medical Center
Kaiser Foundation Hospital—Panorama City
Kaiser Foundation Hospital—Woodland Hills
Mission Community Hospital
Olive View—UCLA Medical Center
Pacifica Hospital of the Valley
Providence Holy Cross Medical Center
Providence St. Joseph Medical Center
Providence Tarzana Medical Center
Sherman Oaks Hospital
USC Verdugo Hills Hospital
Valley Presbyterian Hospital
West Hills Hospital & Medical Center

SPA 3 - San Gabriel Valley

13 Hospitals

Alhambra Hospital Medical Center
Emanate Health—Foothill Presbyterian Hospital
Emanate Health—Intercommunity
Emanate Health—Queen of the Valley
Garfield Medical Center
Greater El Monte Community Hospital
Huntington Hospital
Kaiser Foundation Hospital—Baldwin Park
Methodist Hospital of Southern California
Monterey Park Hospital
Pomona Valley Hospital Medical Center
San Dimas Community Hospital
San Gabriel Valley Medical Center

SPA 4 - Metro

12 Hospitals

Adventist Health—White Memorial
Cedars Sinai Medical Center
Children's Hospital of Los Angeles
Community Hospital of Huntington Park
Dignity Health—California Hospital Medical Center
East Los Angeles Doctors Hospital
Good Samaritan Hospital
Hollywood Presbyterian Medical Center
Kaiser Foundation Hospital—Los Angeles
LAC+USC Medical Center
Olympia Medical Center
St. Vincent Medical Center

SPA 5 - West

6 Hospitals

Cedar Sinai Marina Del Rey Hospital
Kaiser Foundation Hospital—West Los Angeles
Providence St. John's Health Center
Ronald Reagan UCLA Medical Center
Southern California Hospital of Culver City
Santa Monica—UCLA Medical Center

SPA 6 - South

2 Hospitals

Martin Luther King Jr. Community Hospital
St. Francis Medical Center

SPA 7 - East

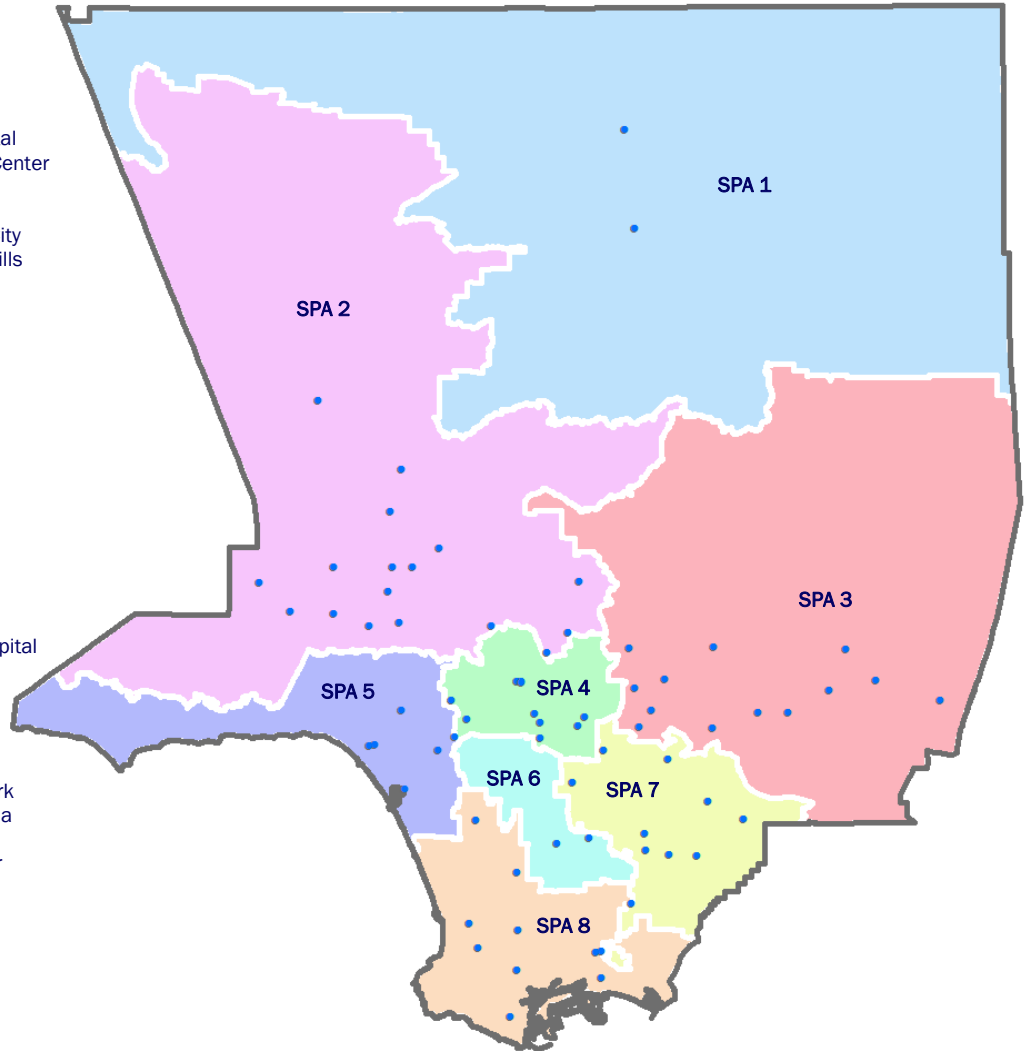
8 Hospitals

Beverly Hospital
Coast Plaza Doctors Hospital
Kaiser Foundation Hospital—Downey
Lakewood Regional Medical Center
Los Angeles Community Hospital of Norwalk
PIH Health Hospital Whittier
PIH Health Hospital Downey
Whittier Hospital Medical Center

SPA 8 - South Bay

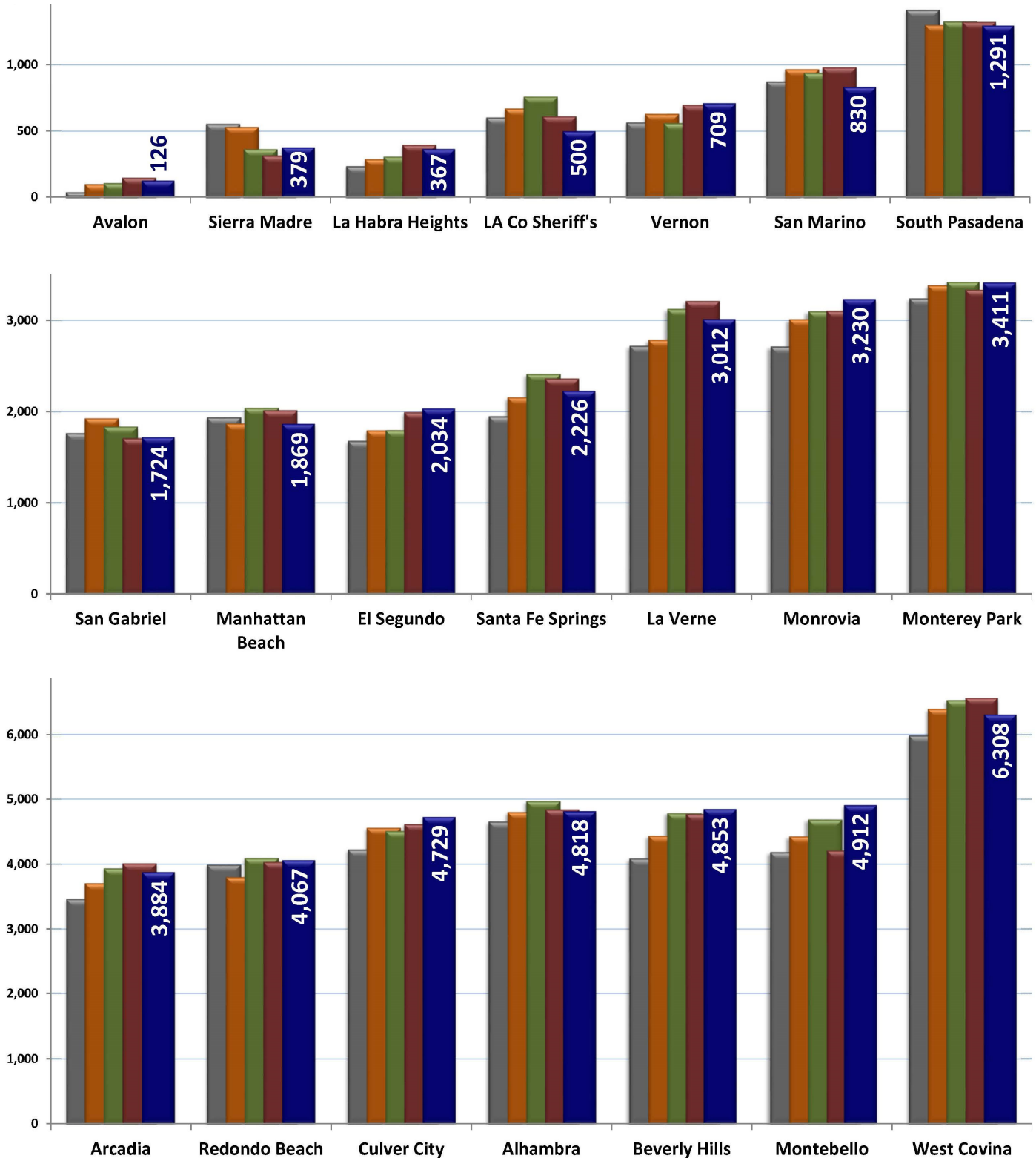
11 Hospitals

Catalina Island Medical Center
Centinela Hospital Medical Center
College Medical Center
Dignity Health St. Mary Medical Center
Kaiser Foundation Hospital—South Bay
Memorial Hospital of Gardena
Harbor-UCLA Medical Center
MemorialCare Long Beach Medical Center
Providence Little Company of Mary—Torrance
Providence Little Company of Mary—San Pedro
Torrance Memorial Medical Center



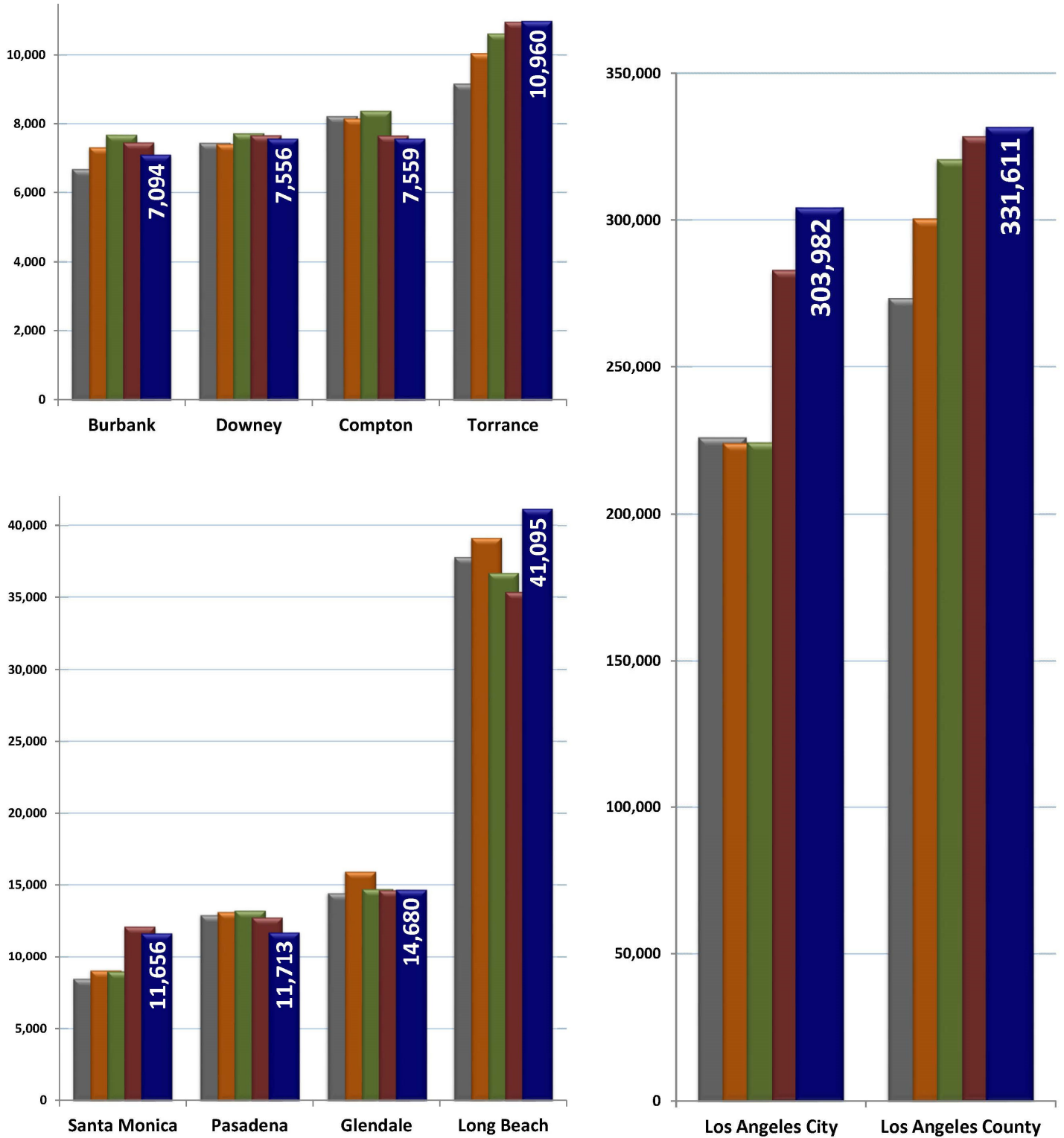
EMS Responses by 9-1-1 Jurisdictional Provider Agency

2014 2015 2016 2017 2018



EMS Responses by 9-1-1 Jurisdictional Provider Agency

2014 2015 2016 2017 2018



ADULT PROVIDER IMPRESSIONS (TOP 10)	2018	Percent
Traumatic Injury	127,585	16%
Behavioral / Psychiatric Crisis	59,823	7%
Weakness - General	57,031	7%
No Medical Complaint	55,124	7%
Body Pain - Non-Traumatic	40,734	5%
Abdominal Pain/Problems	37,592	5%
Altered Level of Consciousness	31,245	4%
Syncope / Near Syncope	26,312	3%
Seizure - Postictal	23,159	3%
Nausea / Vomiting	22,137	3%
TOTAL - Top 10 Provider Impressions	480,742	59%
TOTAL - Adult EMS Responses	819,320	

ADULT TRANSPORTS (TOP 10)	2018	Percent
Traumatic Injury	83,518	16%
Weakness - General	44,777	9%
Behavioral / Psychiatric Crisis	41,367	8%
Altered Level of Consciousness	34,109	6%
Abdominal Pain / Problems	33,801	6%
Body Pain - Non-Traumatic	33,547	6%
Chest Pain - Suspected Cardiac	20,316	4%
Syncope / Near Syncope	19,833	4%
Respiratory Distress - Other	16,386	3%
Seizure - Postictal	16,355	3%
TOTAL - Top 10 Adult EMS Transports	344,009	65%
TOTAL - Adult EMS Transports	526,568	

ADULT MECHANISMS OF INJURY (TOP 10)	2018	Percent
Fall	45,953	36%
Motor Vehicular Accident	36,832	29%
Assault	16,536	13%
Pedestrian/Bicycle struck by Motor Vehicle	8,882	7%
Motorcycle / Moped Accident	2,376	2%
Sports / Recreational	2,163	2%
Gunshot Wound	1,565	1%
Stabbing	1,484	1%
Work Related	1,012	0.8%
Accidental Self-Inflicted Injury	1,000	0.8%
TOTAL - Top 10 Adult Mechanisms of Injury	117,803	92%
TOTAL - Adult Mechanisms of Injury	127,585	

PEDIATRIC PROVIDER IMPRESSIONS (TOP 10)	2018	Percent
Traumatic Injury	8,559	23%
No Medical Complaint	5,377	15%
Seizure - Postictal	4,533	12%
Behavioral / Psychiatric Crisis	1,860	5%
Cold / Flu	1,690	5%
Fever	1,531	4%
Respiratory Distress - Other	1,038	3%
Respiratory Distress - Bronchospasm	1,026	3%
Syncope / Near Syncope	989	3%
Nausea / Vomiting	913	2%
TOTAL - Top 10 Pediatric EMS Responses	27,516	75%
TOTAL - Pediatric EMS Responses	36,919	

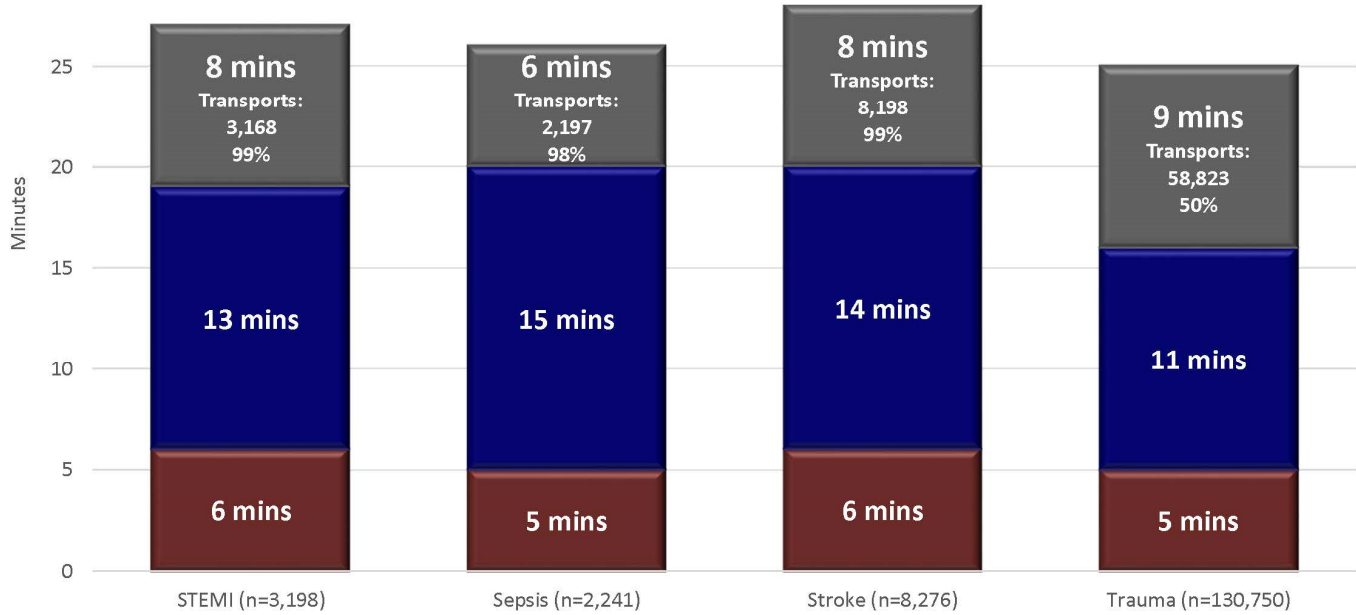
PEDIATRIC TRANSPORTS (TOP 10)	2018	Percent
Traumatic Injury	5,328	22%
Seizure - Postictal	4,234	18%
Behavioral / Psychiatric Crisis	1,270	5%
Fever	1,074	4%
Cold / Flu	982	4%
Respiratory Distress - Bronchospasm	855	4%
Respiratory Distress - Other	848	4%
Syncope / Near Syncope	784	3%
Allergic Reaction	641	3%
Seizure - Active	596	2%
TOTAL - Top 10 Pediatric EMS Transports	16,612	69%
TOTAL - Pediatric EMS Transports	24,031	

PEDIATRIC MECHANISMS OF INJURY (TOP 10)	2018	Percent
Fall	3,278	38%
Motor Vehicular Accident	2,564	30%
Sports / Recreational	789	9%
Pedestrian/Bicycle struck by Motor Vehicle	728	9%
Assault	475	6%
Animal Bite	328	4%
Accidental Self-Inflicted Injury	133	2%
Thermal Burn	93	1%
Intentional Self-Inflicted Injury	44	0.5%
Crush Injury	34	0.4%
TOTAL - Top 10 Pediatric Mechanisms of Injury	8,466	99%
TOTAL - Pediatric Mechanisms of Injury	8,559	

EMS Times (Median)

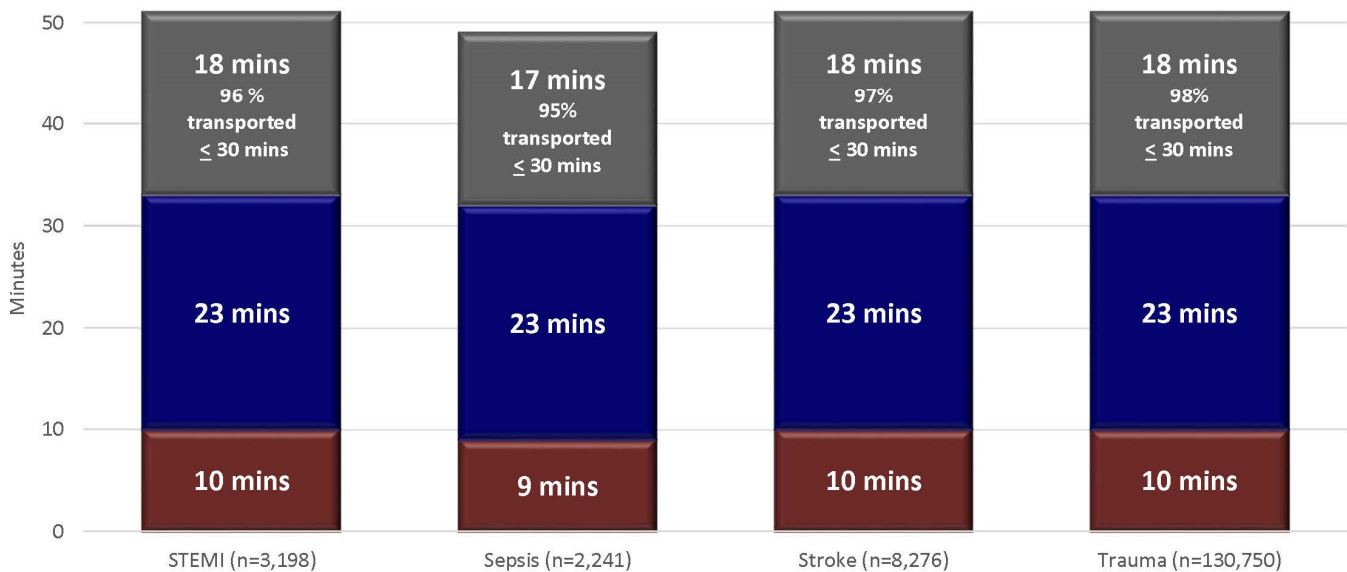
LA County EMS Transport Time to a Specialty Care Center (STEMI, Stroke, Trauma Centers): ≤ 30 minutes

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)



EMS Times (90th Percentile)

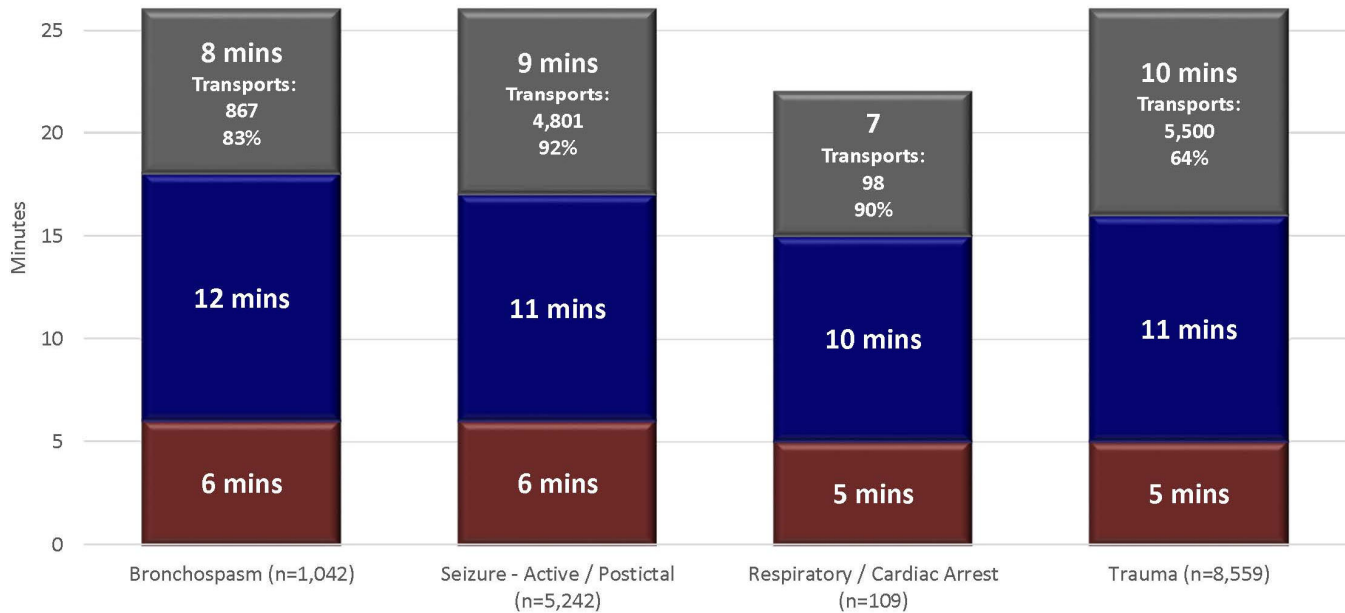
- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)



EMS Times: Pediatric (Median)

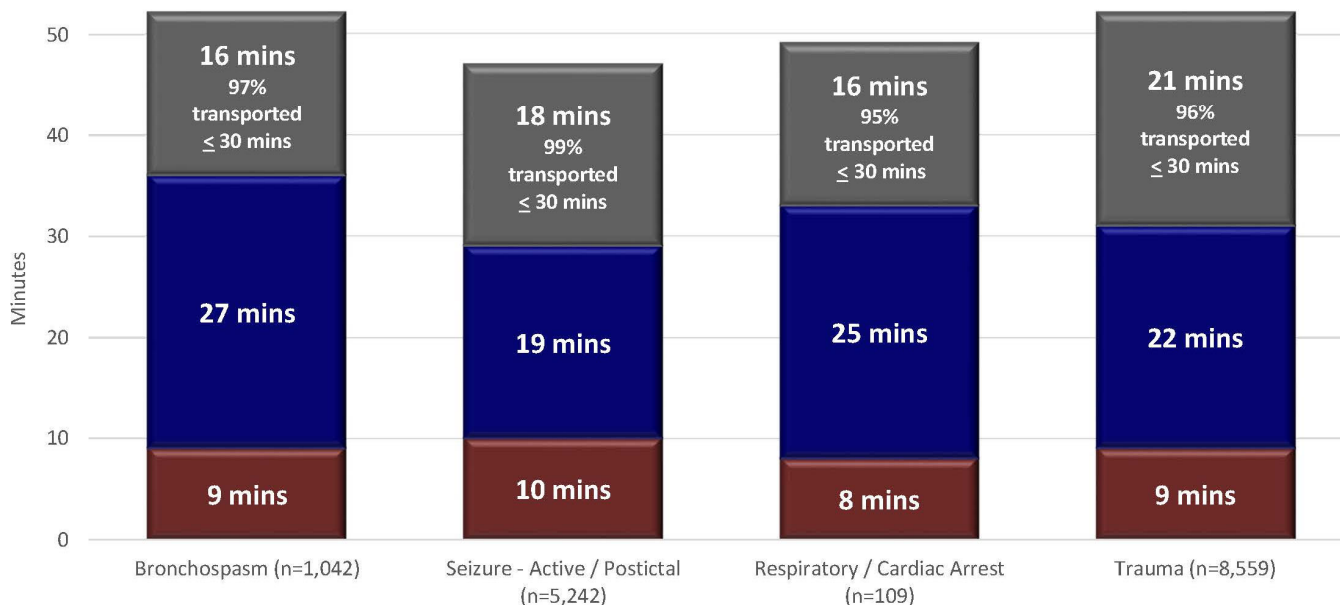
LA County EMS Transport Time to a Specialty Care Center (Pediatric Medical/Trauma Centers): ≤ 30 minutes

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)

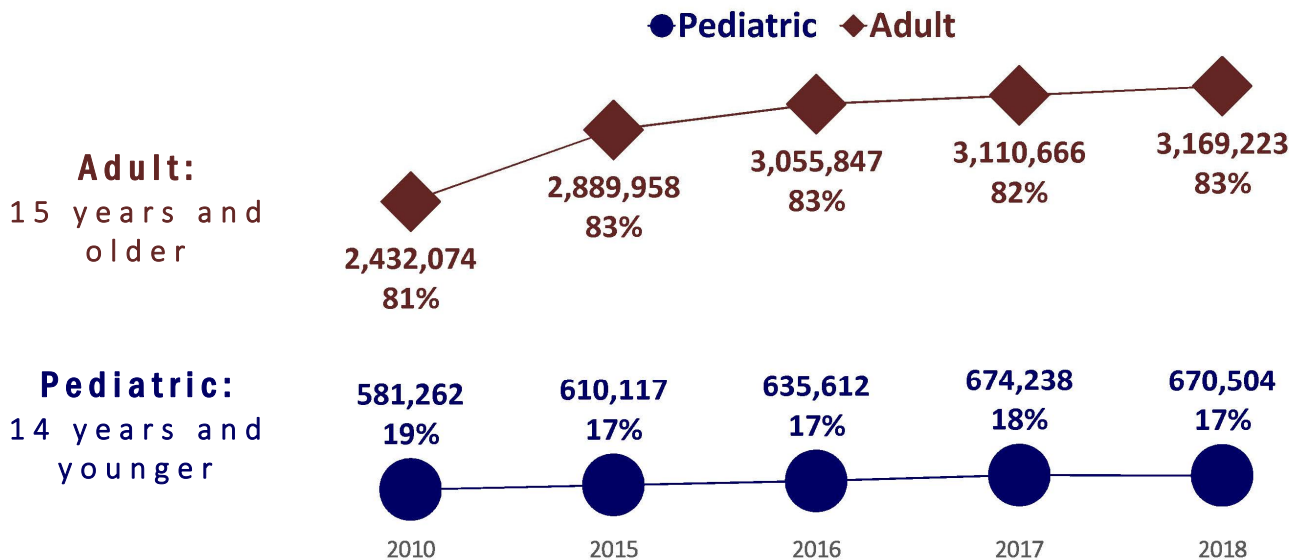
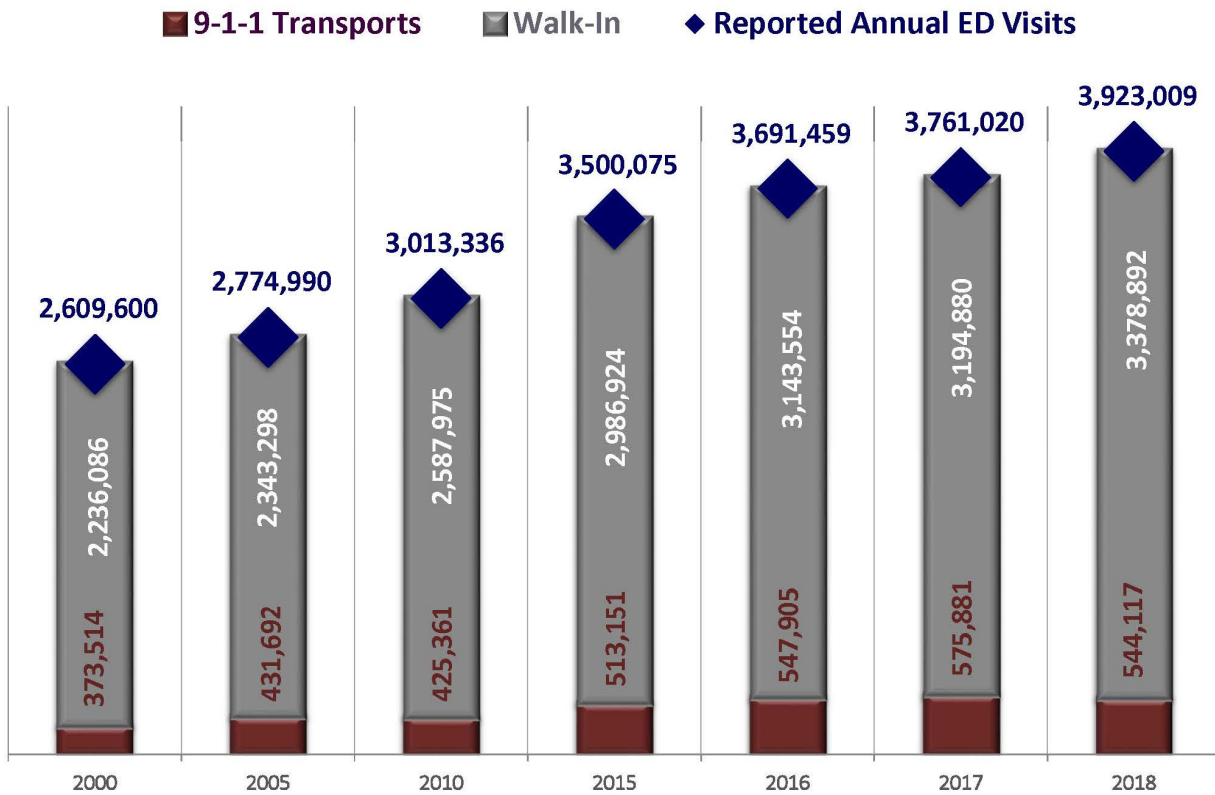


EMS Times: Pediatric (90th Percentile)

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)

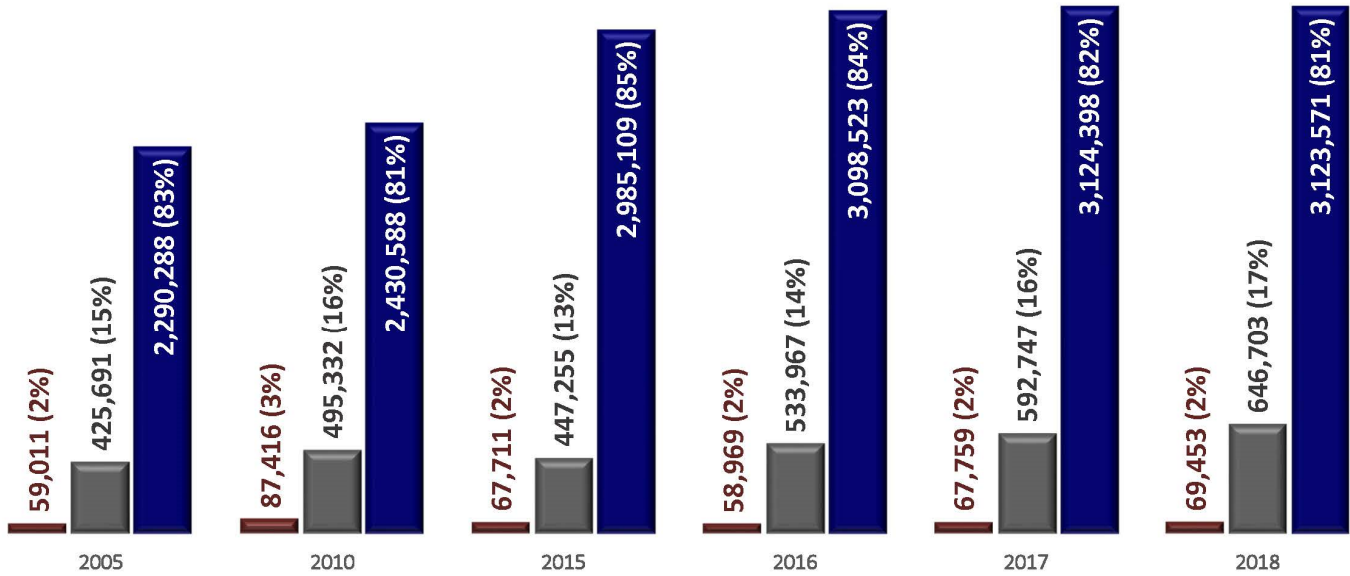


Emergency Department Volume



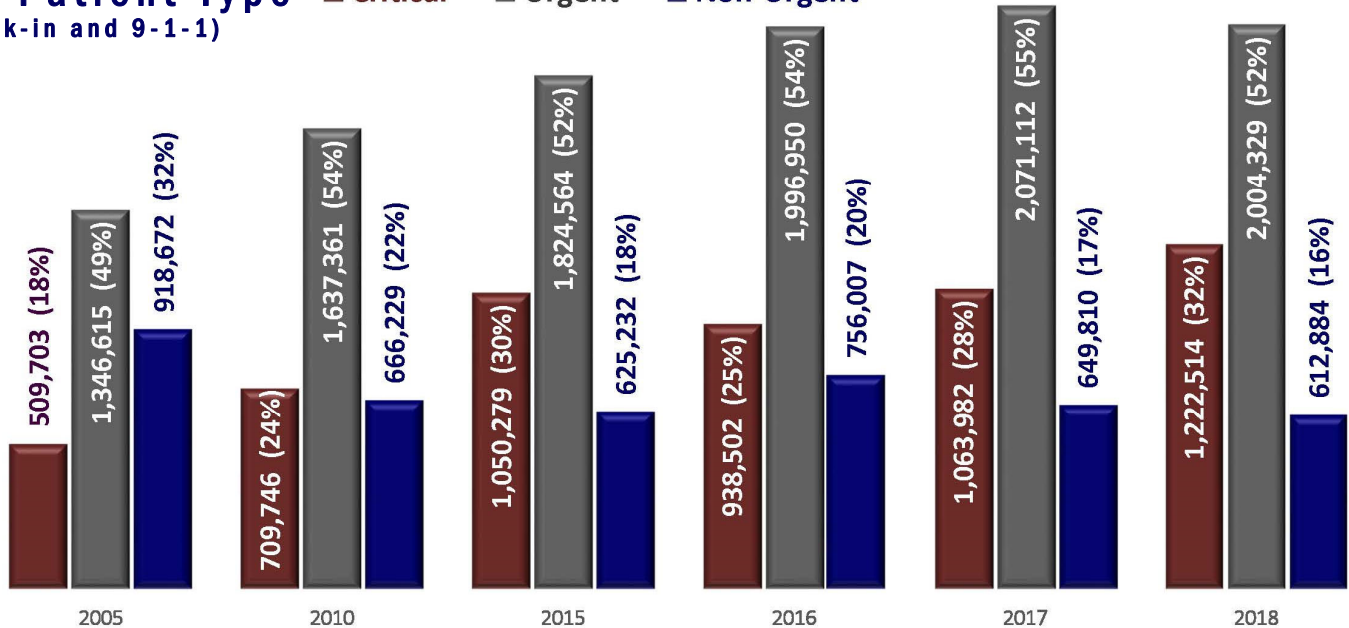
ED Patient Disposition (walk-in and 9-1-1)

- Admitted to Intensive Care Unit
- Admitted to Non-Intensive Care Unit Area
- Discharged from ED/24 hr Observation



ED Patient Type (walk-in and 9-1-1)

- Critical
- Urgent
- Non-Urgent



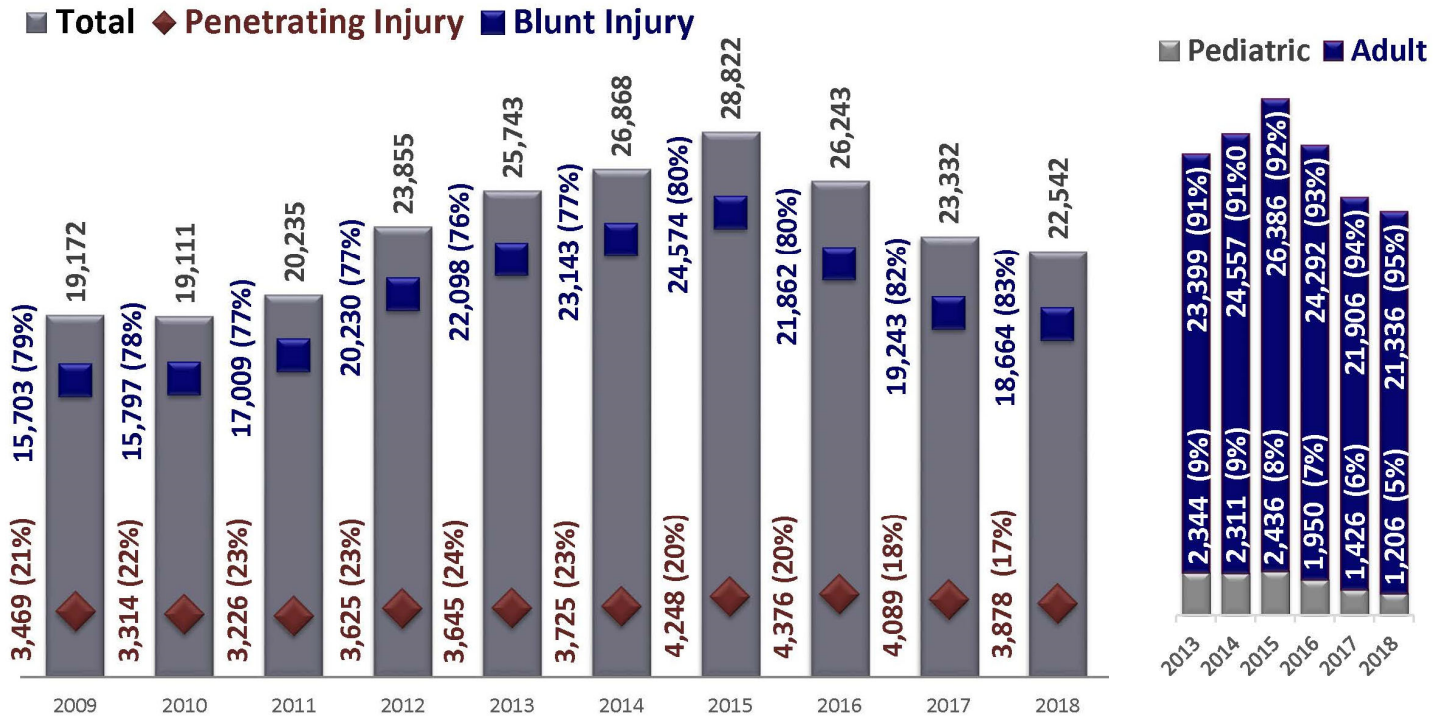
Critical—a patient presents an acute injury or illness that could result in permanent damage, injury or death (head injury, vehicular accident, shooting). Applicable Current Procedural Terminology (CPT) codes for this level of service would be 99284 (detailed history, detailed physical, and medical decision making of moderate complexity) or 99285 (medical decision making of high complexity) or 99291 (critical care, evaluation and management).

Urgent—a patient with an acute injury or illness, loss of life or limb is not an immediate threat to their well-being, or a patient who needs timely evaluation (fracture or laceration). Applicable CPT codes for this level of service would be 99282 (medical decision making of low complexity) or 99283 (medical decision making of moderate complexity).

Non-Urgent—a patient with a non-emergent injury, illness or condition; sometimes chronic; that can be treated in a non-emergency setting and not necessarily on the same day they are seen in the ED (pregnancy tests, toothache, minor cold, ingrown toenail). An applicable CPT code for this level of service would be 99281 (straight forward medical decision making).

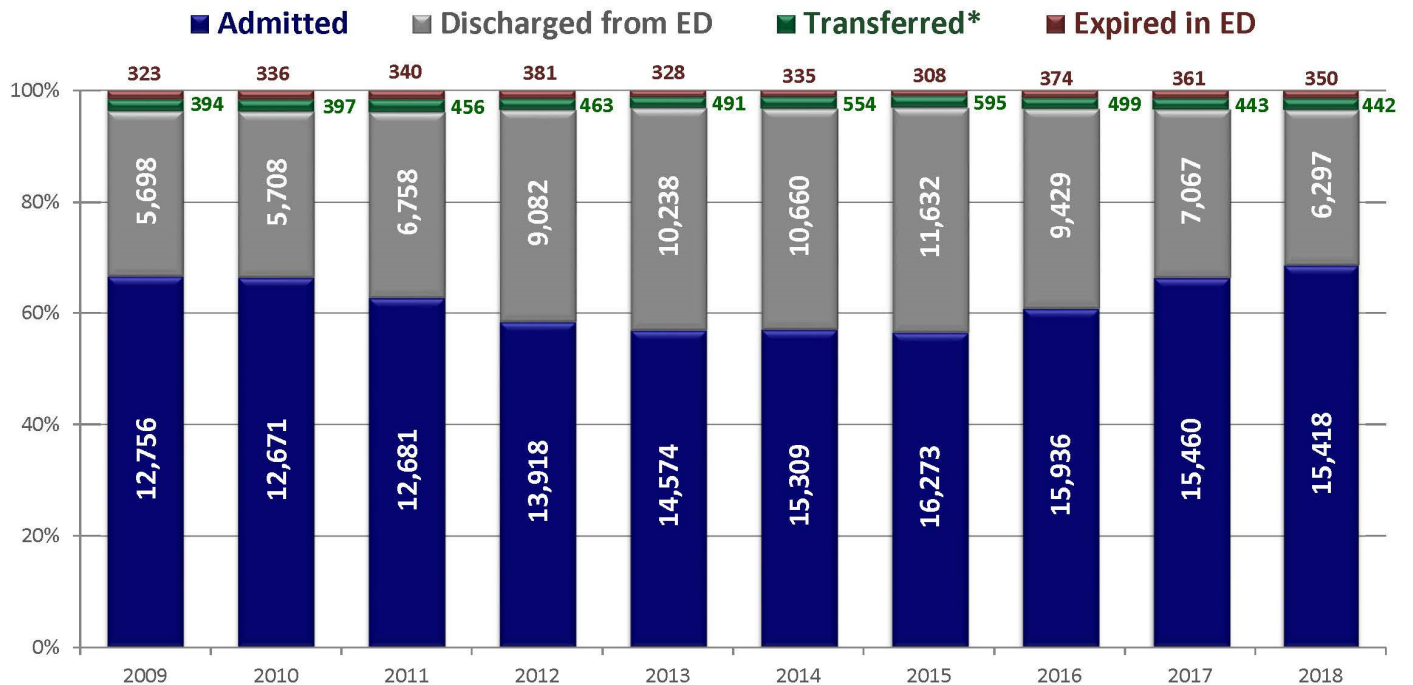


Trauma Center Volume



2012: LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients
 2015: Trauma Center Registry inclusion criteria was reduced.

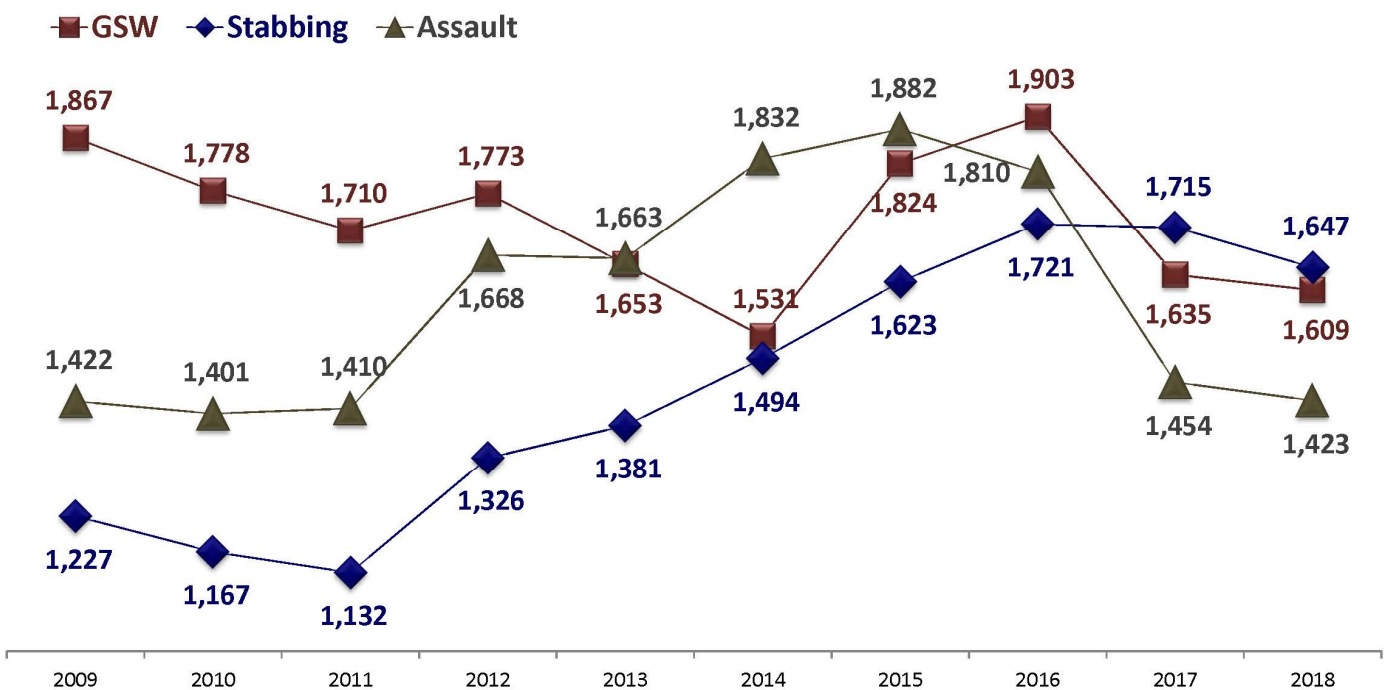
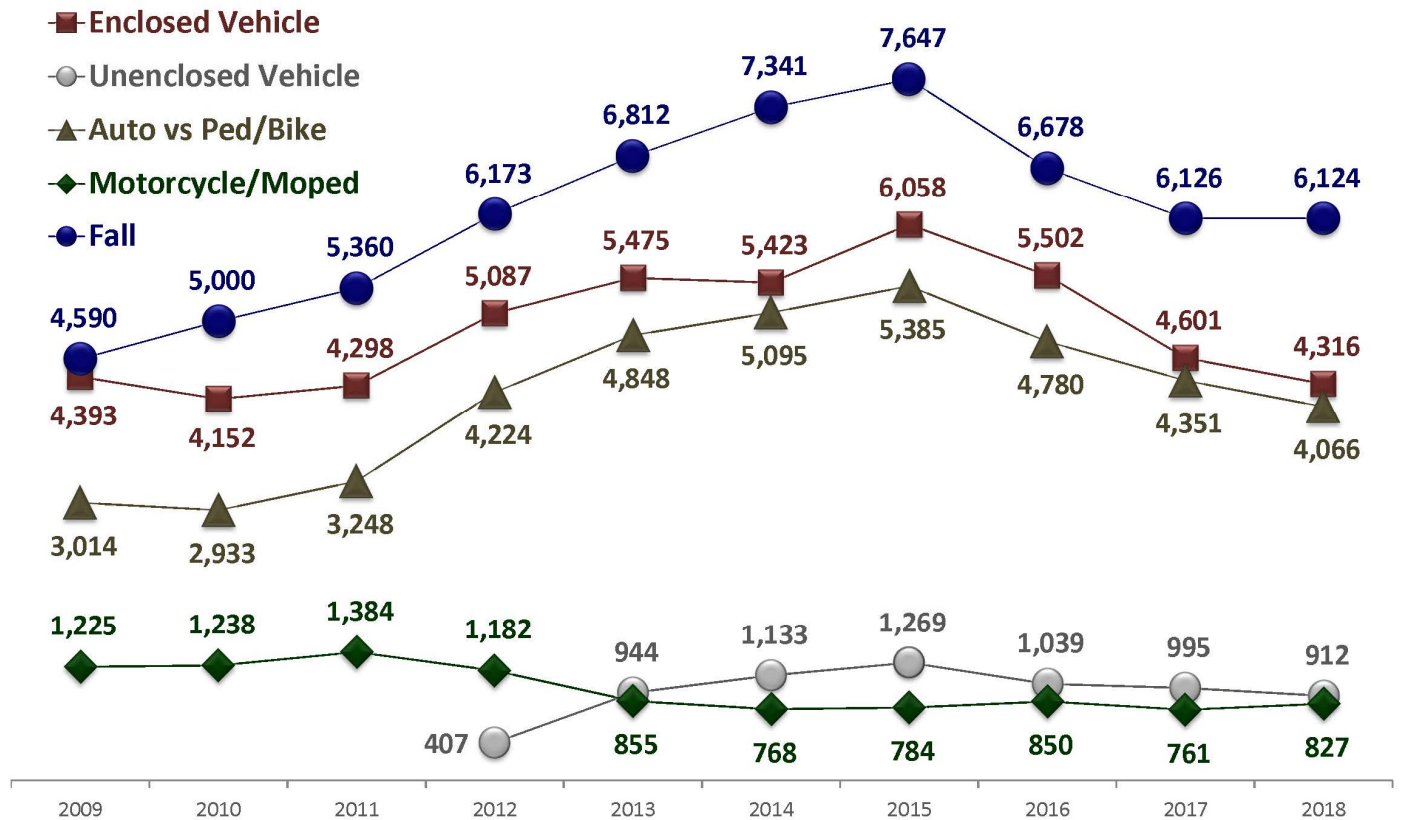
Patient Disposition of Trauma Center Patients



* Transferred to another health facility



Mechanism of Injury: Patients Transported to Trauma Centers

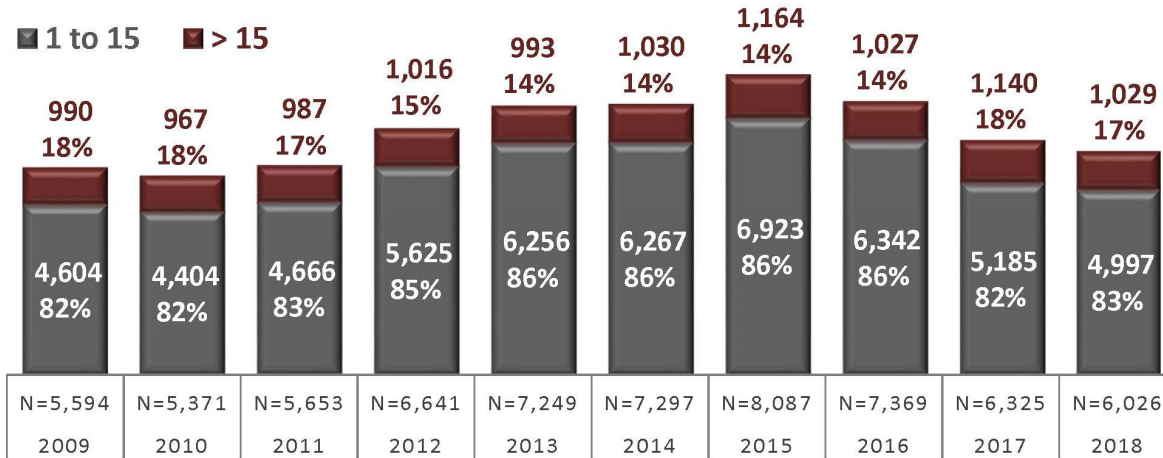




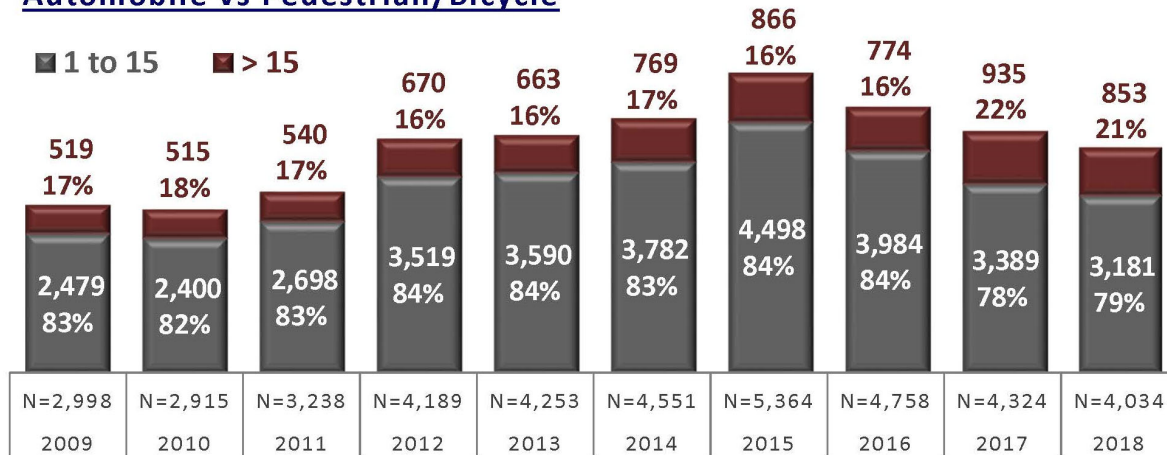
Injury Severity Score by Mechanism of Injury

Injury Severity Score (ISS): Is an established medical score to assess trauma severity. It correlates with mortality, morbidity and hospitalization time after trauma. It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the ISS being greater than 15.

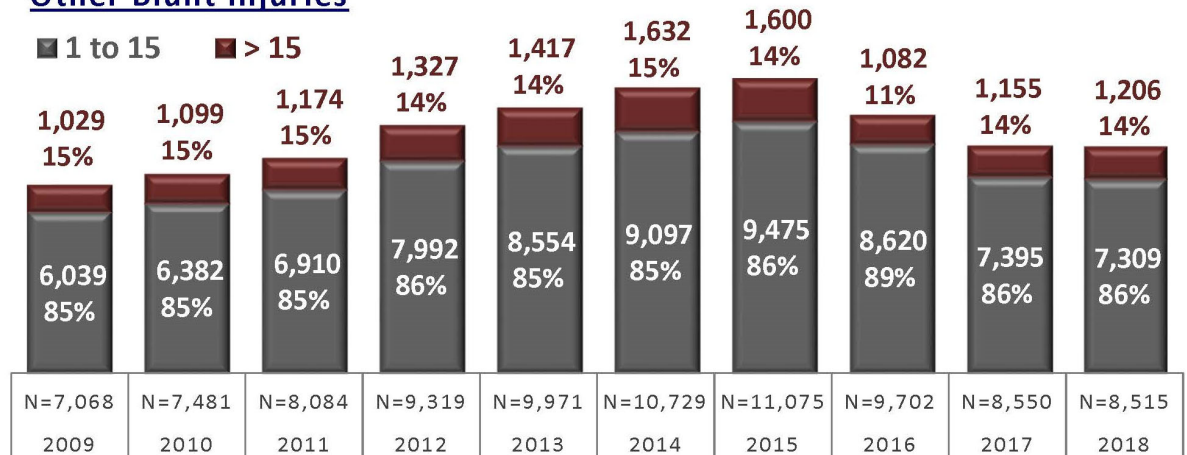
Motor Vehicular Accident



Automobile vs Pedestrian/Bicycle



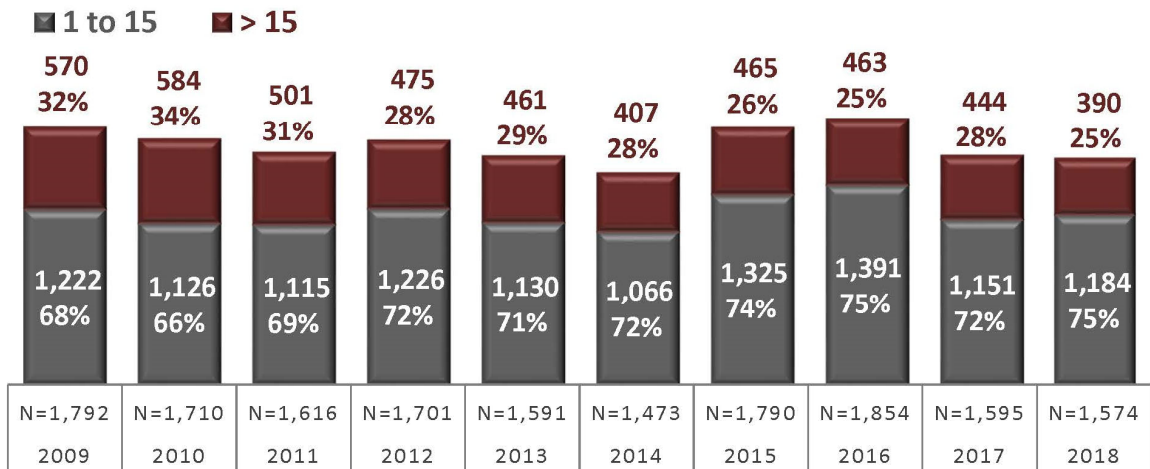
Other Blunt Injuries



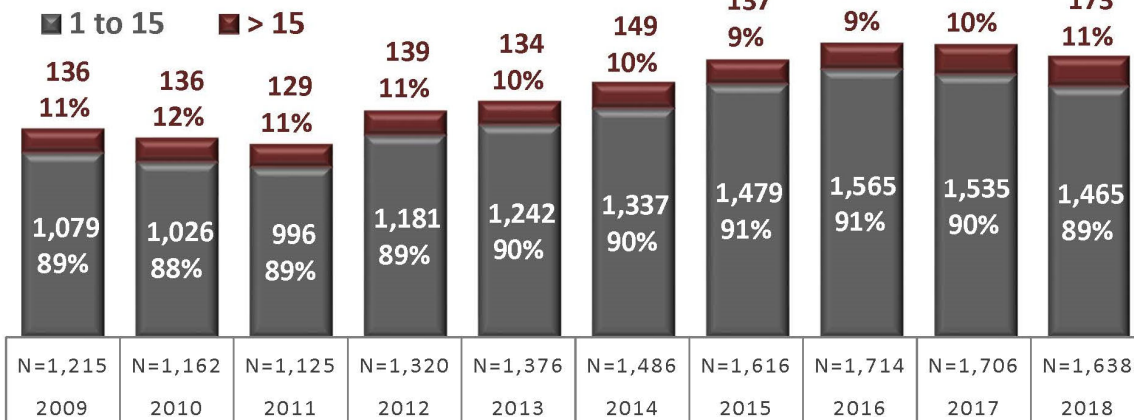


Injury Severity Score by Mechanism of Injury

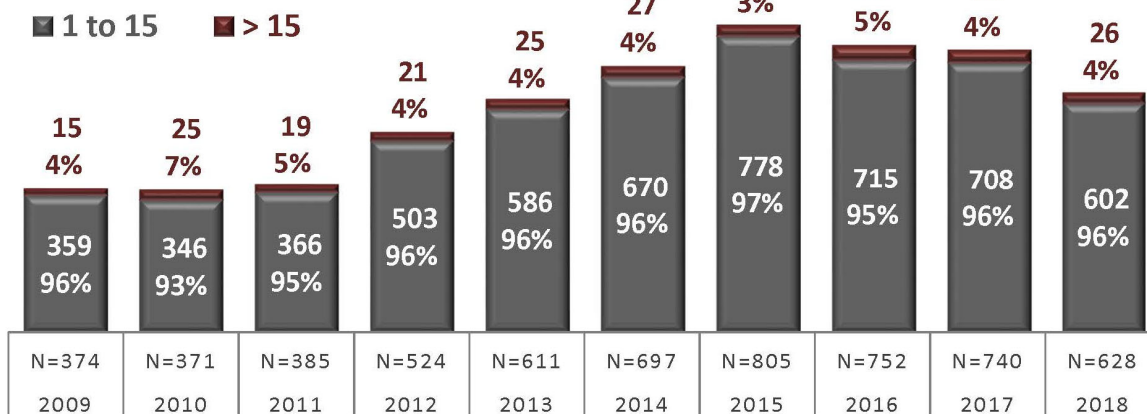
Gunshot Wound



Stab Wound



Other Penetrating Injuries

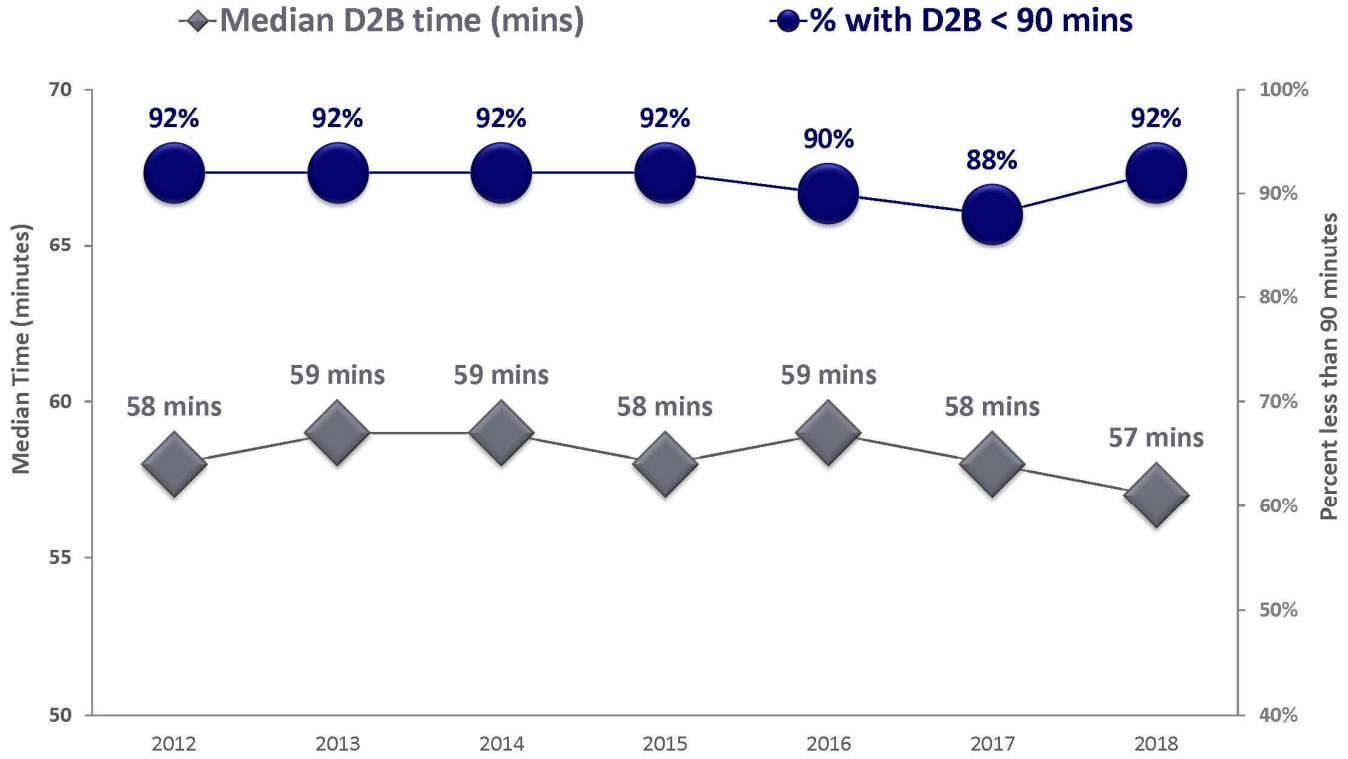




ST-Elevation Myocardial Infarction (STEMI)

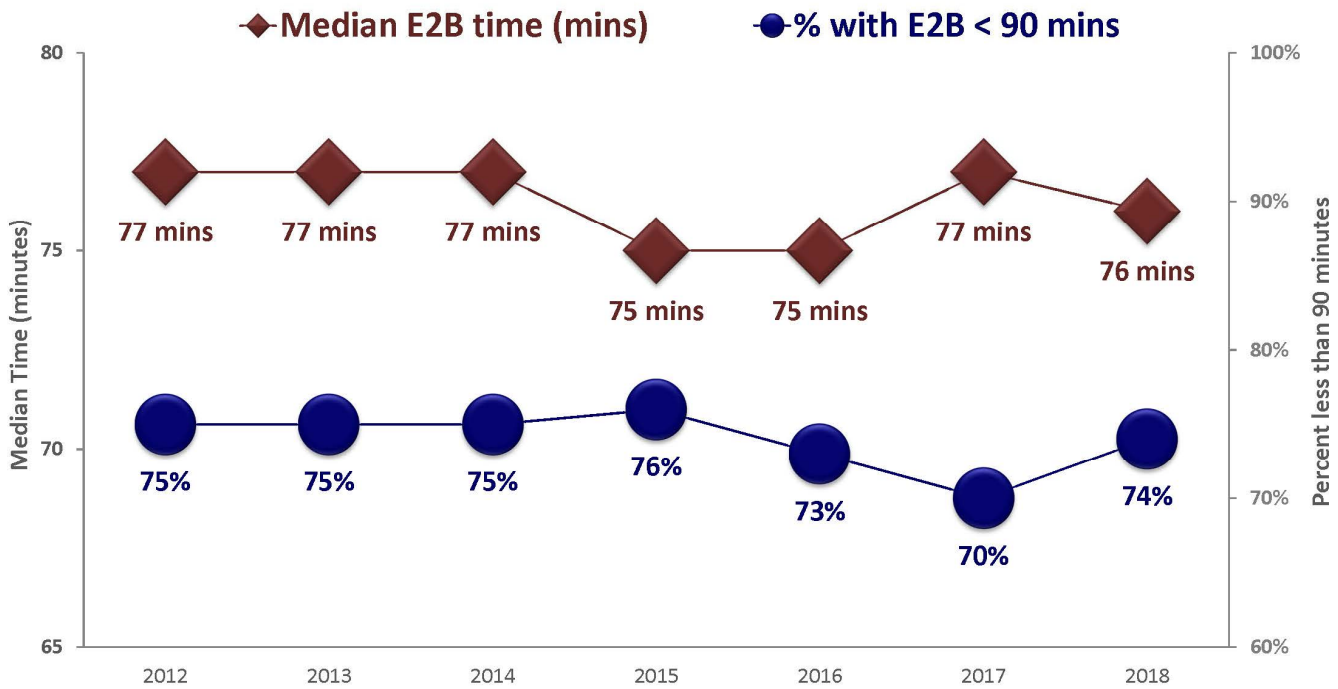
STEMI Receiving Center: Door-to-Balloon (D2B) Time

LA County Standard: 90 minutes 90% of the time



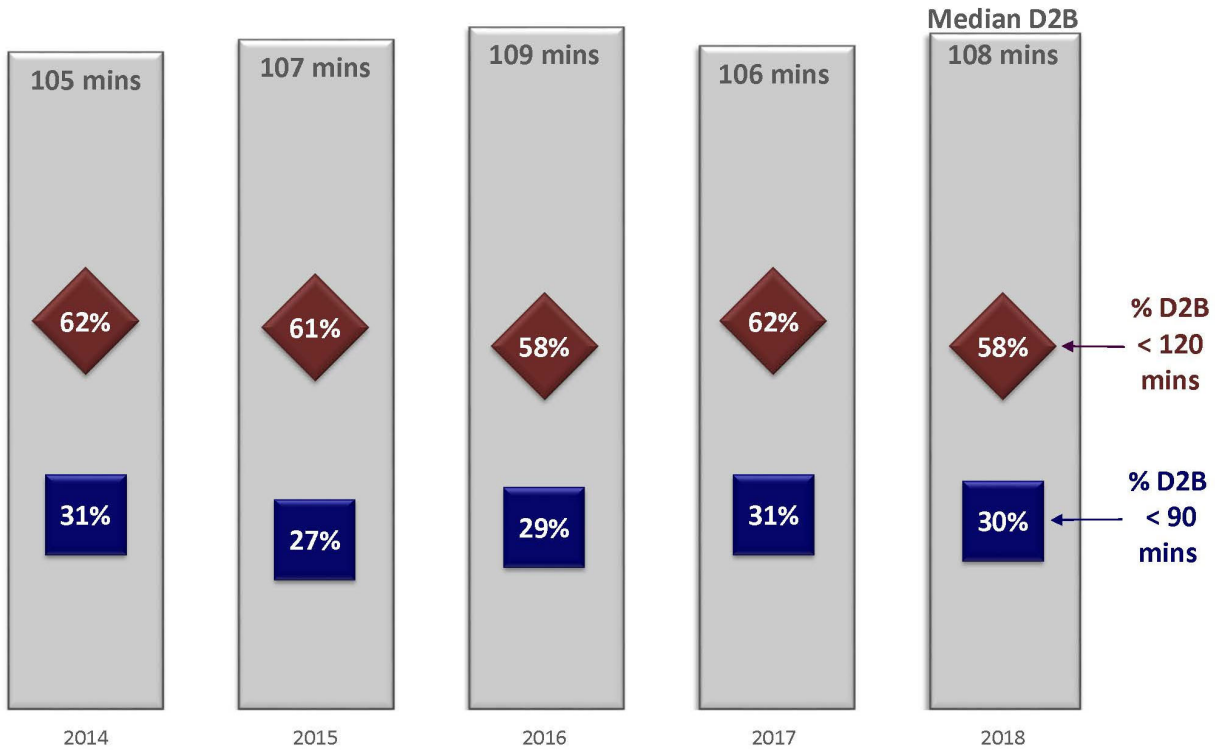
STEMI Receiving Center: EMS Medical Contact-to-Balloon (E2B) Time

LA County Standard: 90 minutes 75% of the time



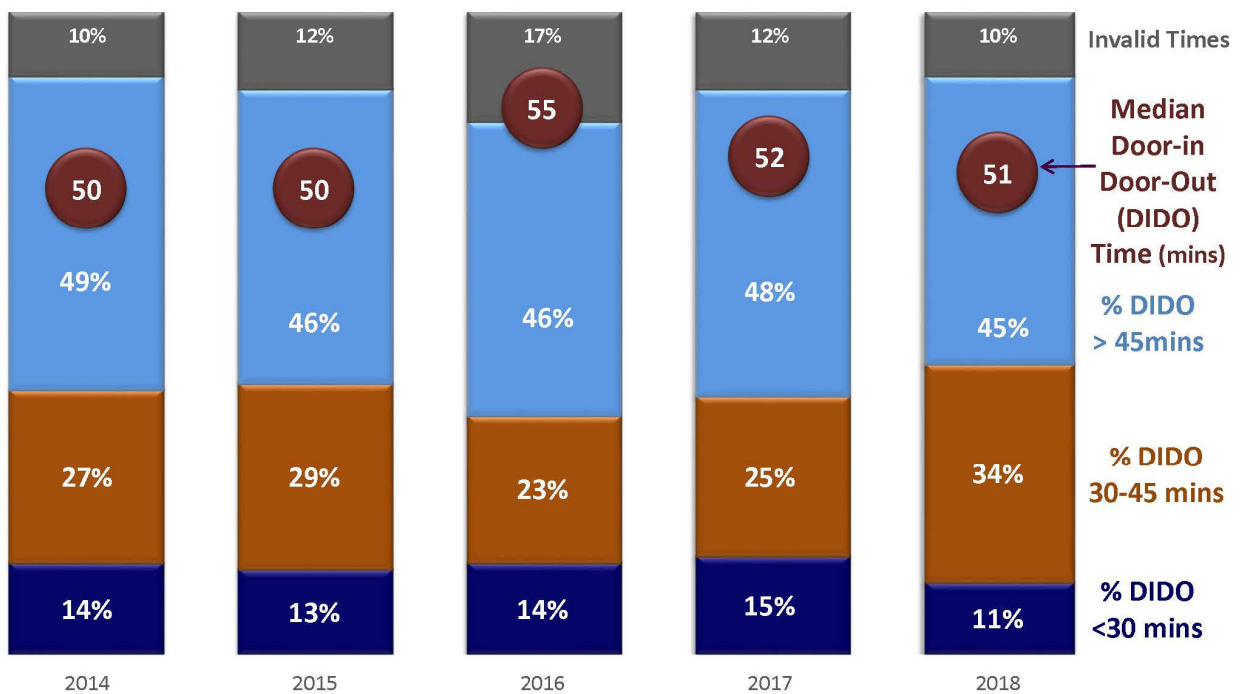


STEMI Referral Facility: Door-to-Balloon (D2B) Time



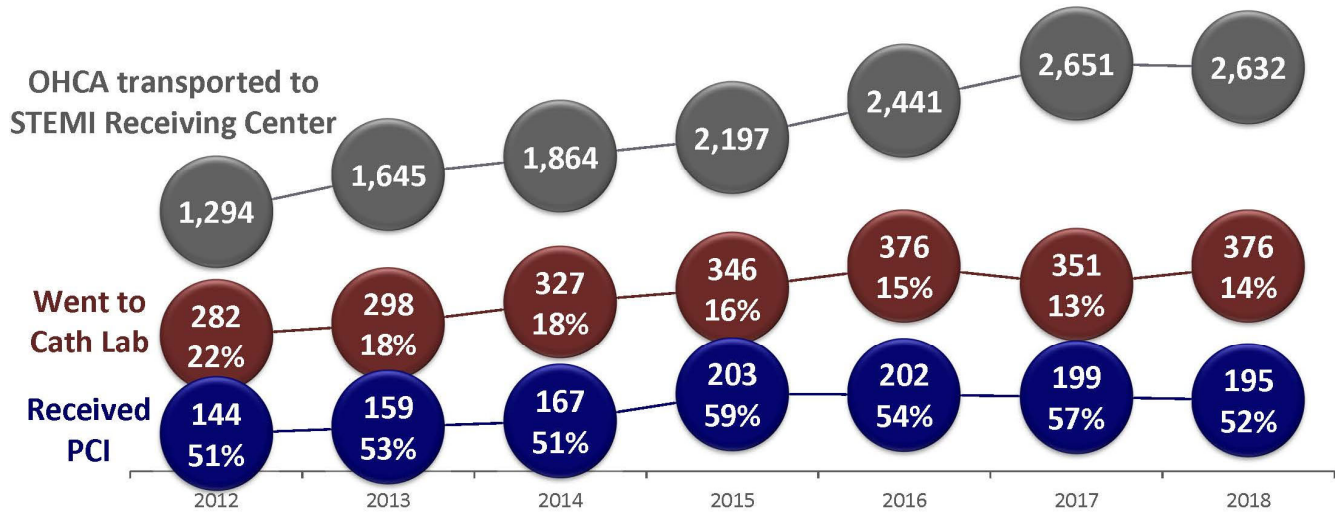
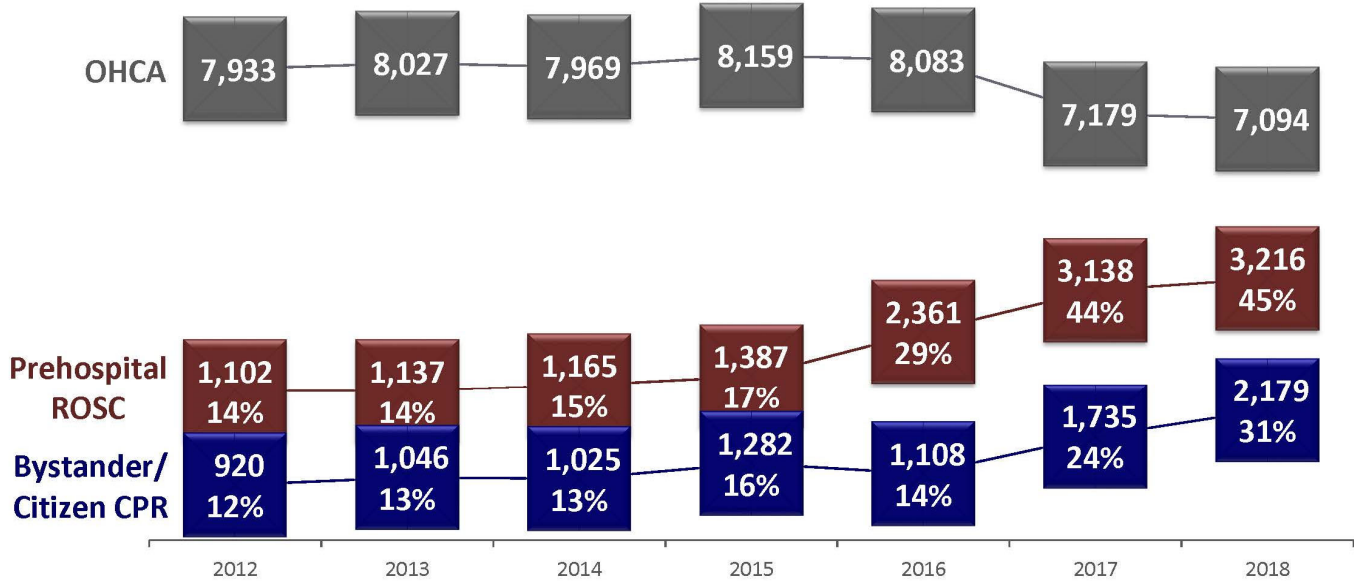
STEMI Referral Facility: Door-In Door-Out (DIDO) Time

LA County Goal: <30 minutes



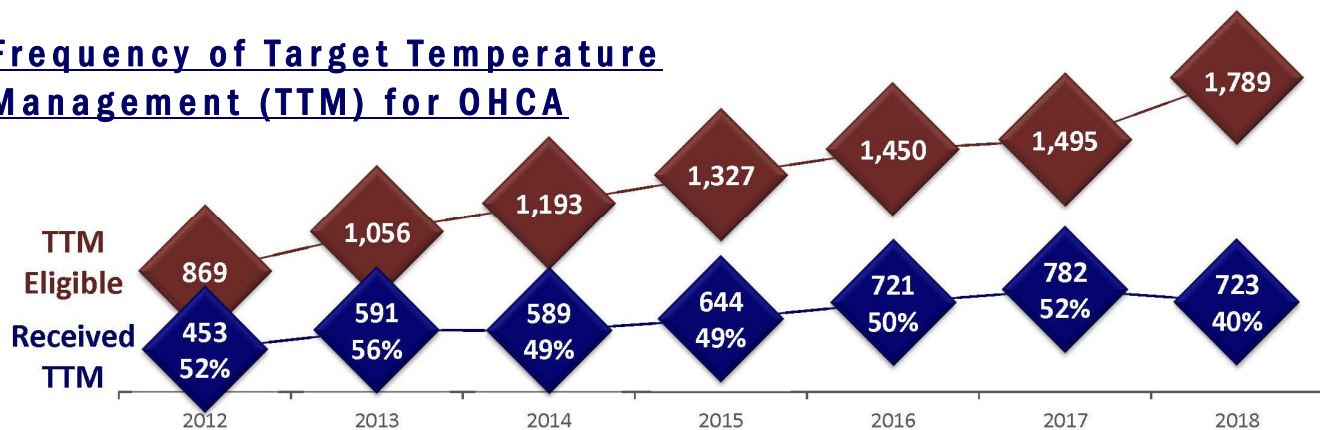


Out of Hospital Cardiac Arrest (OHCA) Return of Spontaneous Circulation (ROSC)



PCI - Percutaneous Coronary Intervention is a procedure used to open or widen a narrowed or block coronary artery to restore blood flow supplying the heart.

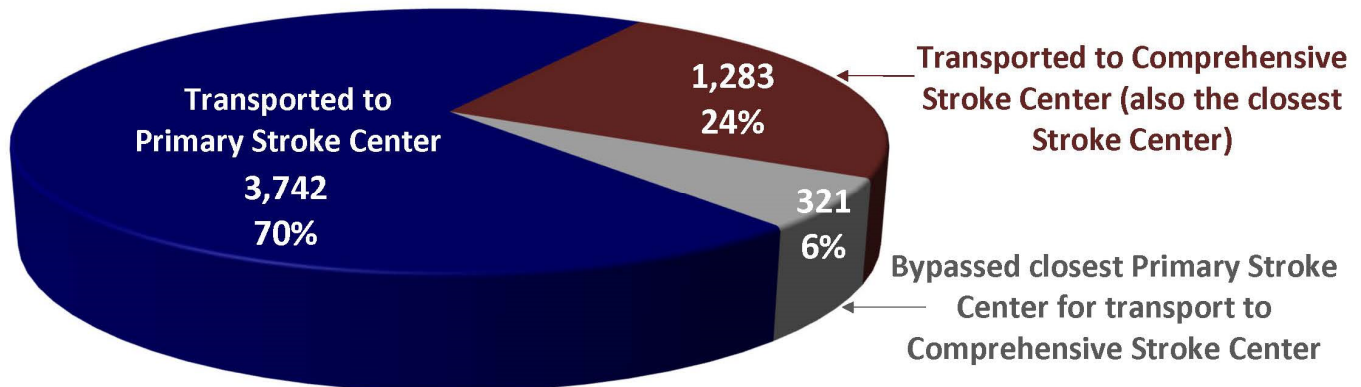
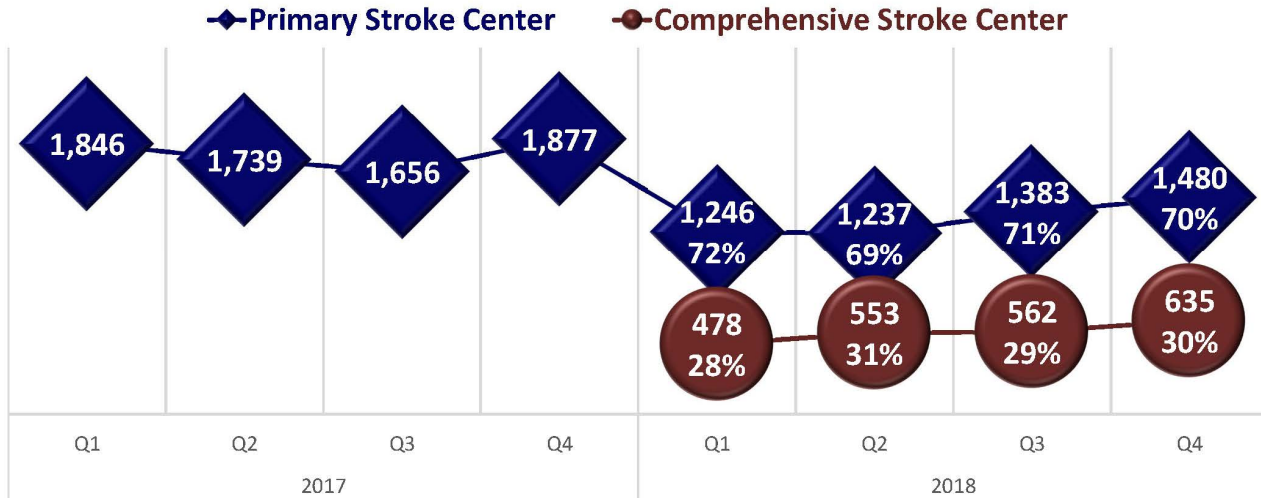
Frequency of Target Temperature Management (TTM) for OHCA





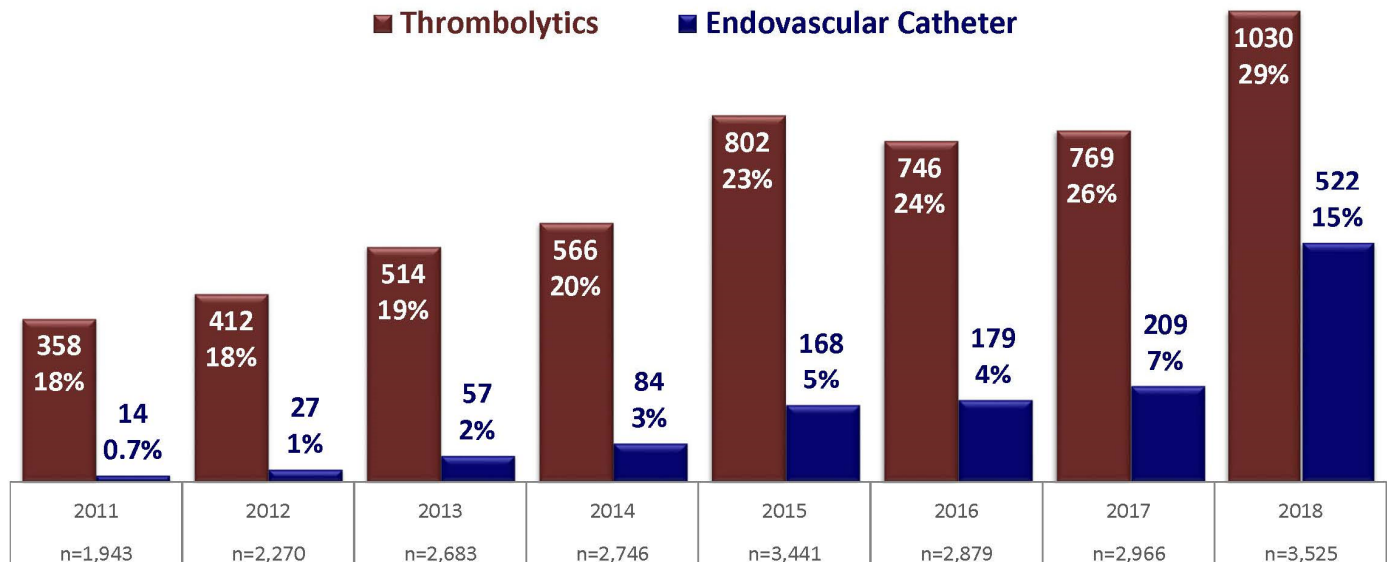
Suspected Stroke Patient Destination

The routing of suspected stroke patients with large vessel occlusions based on a Los Angeles Motor Scale (LAMS) score of 4 or 5 to designated Comprehensive Stroke Centers began on January 8, 2018.



Treatment—All Ischemic Stroke

Thrombolytics Endovascular Catheter





**Los Angeles County – Department of Health Service
EMERGENCY MEDICAL SERVICES PLAN
2020
(Fiscal Year 2018-2019)**



TABLE 1: MINIMUM STANDARDS

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X			
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X			
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X			
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			

TABLE 1: MINIMUM STANDARDS

Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X			
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

TABLE 1: MINIMUM STANDARDS

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X			
4.02	Monitoring		X			
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDARDS

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARDS

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2019-2020)



Table 1 – STANDARDS – Changes Made on a Standard

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2019-2020**

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04 Dispatch Training	<p>Public safety answering point (PSAP) operators with medical responsibility shall have emergency medicine orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</p> <p>RECOMMENDED GUIDELINES: Public safety answering point PSAP operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</p>		X		<p>Approximately 95% of the Fire Departments providing Emergency Medical Services are dispatched by Fire Dispatch and provide pre-arrival instructions. 9-1-1 calls are routinely transferred from the PSAP to Fire Dispatch.</p> <p>The LEMSA has policies in place for dispatching of Emergency Medical Services. The EMS Agency developed a "Template" pre-arrival instructions covering many of the medical, trauma, and environmental chief complaints. These templates were developed through a collaborative effort with representation from the twelve (12) 9-1-1 dispatch centers in Los Angeles County. These templates were cross referenced with each dispatch centers individual protocols to ensure that the most up-to-date pre-arrival instructions are being provided.</p>	<p>Transition the one Fire Department utilizing police dispatch to either approved pre-arrival instructions or transition to a fire based dispatch center with existing pre-arrival instructions.</p> <p>The LEMSA plans on routinely (semi-annually at a minimum) meeting with the 9-1-1 dispatching centers.</p>

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
						The LEMSA plans to implement annual site surveys within its jurisdiction for 9-1-1 dispatch to monitor compliance with mandated policies and standards
3.01 Communications Plan	<p>The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.</p> <p>RECOMMENDED GUIDELINES: The local EMS agency's communication plan should consider the availability and use of satellites and cellular telephones.</p>	X			<p>CURRENT STATUS: 21 Base Stations and 52 paramedic provider agencies, which account for nearly 600 paramedic units, have access to 9 medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and, in most cases, a backup frequency.</p> <p>LEMSA communication standards require 90% coverage, 90% of the time. The standard is maintained by the installation of local base stations at the hospital site and remote base stations at strategically placed sites to overcome communication problems caused by terrain. LEMSA has installed and maintains 11 remote base stations on the mainland and 3 remote base stations on Catalina Island.</p>	To develop and implement written agreements with all paramedic receiving hospitals

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					<p>V-MED 28 radio frequencies replaced our previously used Hospital Emergency Administrative Radio (HEAR). This frequency is installed in nearly 100% of all ALS vehicles (combination transport and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter.</p> <p>100% of the healthcare facilities (hospitals) have V-MED28.</p> <p>The Rapid Emergency Digital Data Interface Network (ReddiNet) is installed in 100% of the acute care hospitals (9-1-1 Receiving hospitals), over 100 community clinics, and 44 long-term care facilities. The terminal is also installed at the Operations Control Division for Los Angeles City Fire Department, allowing access to all of their ALS field units. Los Angeles County has upgraded ReddiNet from a microwave format to an internet-based system which has greatly improved system access.</p> <p>The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles County hospitals, comprehensive health centers, and ambulatory care centers.</p>	

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					<p>Cellular telephone communication and radio are the primary communications tools utilized by field personnel to make base station contact.</p> <p>Currently, the LEMSA is an active participant, and voting member of the governing body of the Los Angeles Regional Interoperable Communication System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professionals, designed and built to serve law enforcement, fire services, and health services professionals (1st responders) throughout Los Angeles County. LA-RICS completed the design and is currently in the installation process.</p> <p>COORDINATION WITH OTHER EMS AGENCIES: Los Angeles County is a subscriber in the Medical Interoperability Channel (155.340 MHz) which is designed to provide communications for mutual aid in the event of a large casualty producing event. Secondary V-MED 28 frequency (155.2 letters and 80MHz) is exclusively by Orange County is monitored and available for coordination with Orange County.</p>	

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: **FISCAL YEAR 2018/2019**

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100 %.)

County: Los Angeles County

A. Basic Life Support (BLS)	<u>N/A</u> %
B. Limited Advanced Life Support (LALS)	<u>N/A</u> %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency**
 - c) Other (non-health) County Department
 - d) Joint Powers Agency
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator**
 - c) Board of Directors
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>X</u>
Other: <u>RDMHS</u>	<u>X</u>
Other: _____	
Other: _____	

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>24,410,945</u>
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	_____
Travel (included in S&S expense)	_____
Fixed assets	<u>1,941,096</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	<u>11,038,212</u>
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>S&S expense (includes Travel expense)</u>	<u>10,541,199</u>
Other: _____	_____
Other: _____	_____

**estimate final report not completed at time of this submission*

TOTAL EXPENSES \$ 47,931,452

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA] <i>RDMHS</i>	\$ <u>194,325</u>
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>17,216,914</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u>643,748</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	<u>902,920</u>
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	<u>108,500</u>
Type: <u>Base Hospital</u>	
Other critical care center designation fees	<u>399,703</u>
Type: <u>Comprehensive Stroke Center</u>	
Ambulance service/Vehicle fees	<u>616,184</u>
Contributions	_____
EMS Fund (SB 12/612 & SB 1773)	<u>11,038,212</u>
Other grants: <u>Homeland Security, HPP, RDMHS</u>	_____
Other fees: <u>Various Other Revenue/Intrafund Transfer</u>	<u>7,761,292</u>
Other (specify): <u> HPP</u>	<u>9,049,654</u>
 TOTAL REVENUE	 \$ <u>47,931,452</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

Other: Ambulette Vehicle Permit - New

361.72

Other: Ambulette Vehicle Permit - Renewal

327.41

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (51.55 %of Salary)	COMMENTS
EMS Admin./Coord./Director	EMERGENCY MEDICAL SERVICES DIRECTOR	1	102.21	60.17	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMERGENCY MEDICAL SERVICES ASSISTANT DIRECTOR	3	87.30	51.40	
ALS Coord./Field Coord./Trng Coordinator	SENIOR EMERGENCY MEDICAL SYSTEMS PROGRAM HEAD	1	76.68	45.14	
Program Coordinator/Field Liaison (Non-clinical)	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1	85.77	50.50	
Trauma Coordinator	SENIOR NURSING INSTRUCTOR	1	69.93	41.17	
Medical Director	CHIEF PHYSICIAN II EMERGENCY MEDICINE	1	178.77	105.24	
Other MD/Medical Consult/Training Medical Director	SENIOR PHYSICIAN EMERGENCY MEDICINE; PHYS SPEC EMERGENCY MEDICINE NON MEGAFLEX	2	141.81	83.49	

Disaster Medical Planner	PHYS SPEC EMERGENCY MEDICINE NON MEGAFLEX; SENIOR EMERGENCY MEDICAL SYSTEMS PROGRAM HEAD	2	76.68	45.14	
Dispatch Supervisor	NURSE MANAGER; SUPERVISING AMBULANCE DISPATCHER	2	81.64	48.06	
Medical Planner (not applicable)					
Data Evaluator/Analyst	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1			
QA/QI Coordinator	SENIOR NURSING INSTRUCTOR	1	70.21	41.33	
Public Info. & Education Coordinator	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1	73.21	43.10	
Executive Secretary	MANAGEMENT SECRETARY III	1	27.91	16.43	
Other Clerical	SENIOR CLERK; INTERMEDIATE CLERK; INTERMEDIATE TYPIST CLERK	6	29.47	17.35	
Data Entry Clerk	INTERMEDIATE TYPIST-CLERK	2	21.30	12.54	
Other	VARIOUS	180	VARIOUS	VARIOUS	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.



Los Angeles County-Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
2019 (Fiscal Year 2018-19)



TABLE 3: STAFFING/TRAINING

Reporting Year: FY 2018/2019

NOTE: Table 3 is to be reported by agency.

	EMT	AEMT	Paramedic	MICN
Total Certified	8243	Not Applicable	Not Applicable	830
Number newly certified this year	1433	Not Applicable	Not Applicable	56
Number recertified this year	6810	Not Applicable	Not Applicable	353
Total number of accredited personnel on July 1 of the reporting year	N/A	Not Applicable	4574	Not Applicable
Number of certification reviews resulting in:				
a) formal investigations	132	Not Applicable		0
b) probation	19	Not Applicable		0
c) suspensions	1	Not Applicable		0
d) revocations	9	Not Applicable		0
e) denials	0	Not Applicable		0
f) denials of renewal	0	Not Applicable		0
g) no action taken	103	Not Applicable		0

1. Early defibrillation:
 - a) Number of EMTs authorized to use AEDs
 - b) Number of public safety AED service provider personnel (non-EMT)

2. Do you have an EMR training program No

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: **LOS ANGELES**

Reporting Year: **FISCAL YEAR 2018/2019**

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>78</u> |
| 2. Number of secondary PSAPs | <u>6</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>37 Private</u>
<u>12 Public</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>11</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>3</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Department on origin of call: <ul style="list-style-type: none">• Beverly Hills Police Department• Downey Fire Communication• Los Angeles County Fire• La Verne Police Department• Long Beach Fire Department• Los Angeles Fire Department• Redondo Beach Police Department• Santa Monica Fire Department• South Bay Regional Public Communication Authority• Torrance Police Department• Verdugo Fire Communication• West Covina Police Department | |
| 7. Who is your primary dispatch agency for a disaster?
Los Angeles County Fire District is the Fire Operations Area Coordinator | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency
155.340 MHz | |
| b. Other methods
Landline, cell phones, Internet ReddiNet, satellite phones and amateur radio (HAM) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

- d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes No
- e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? Yes No
- 1) Within the operational area? Yes No
- 2) Between operation area and the region and/or state? Yes No
-

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: **FISCAL YEAR 2018/2019**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers Not reported

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes: **The following table lists dispatch information for Verdugo Dispatch Center who dispatches the following providers:**

Alhambra, Arcadia, Burbank, Glendale, Monrovia, Montebello, Monterey Park, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and Vernon

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4:31 min.	Not Applicable	Not Applicable	
Early defibrillation responder	4:31 min	Not Applicable	Not Applicable	
Advanced life support responder	5:25 min.	Not Applicable	Not Applicable	
Transport Ambulance	5:33 min.	Not Applicable	Not Applicable	

The following table lists dispatch data for Los Angeles Fire Department:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:25 min.	Not Applicable	Not Applicable	
Early defibrillation responder	5:25 min.	Not Applicable	Not Applicable	
Advanced life support responder	5:41 min.	Not Applicable	Not Applicable	
Transport Ambulance	6:58 min.	Not Applicable	Not Applicable	

The following table list dispatch dates for Long Beach Fire Department:

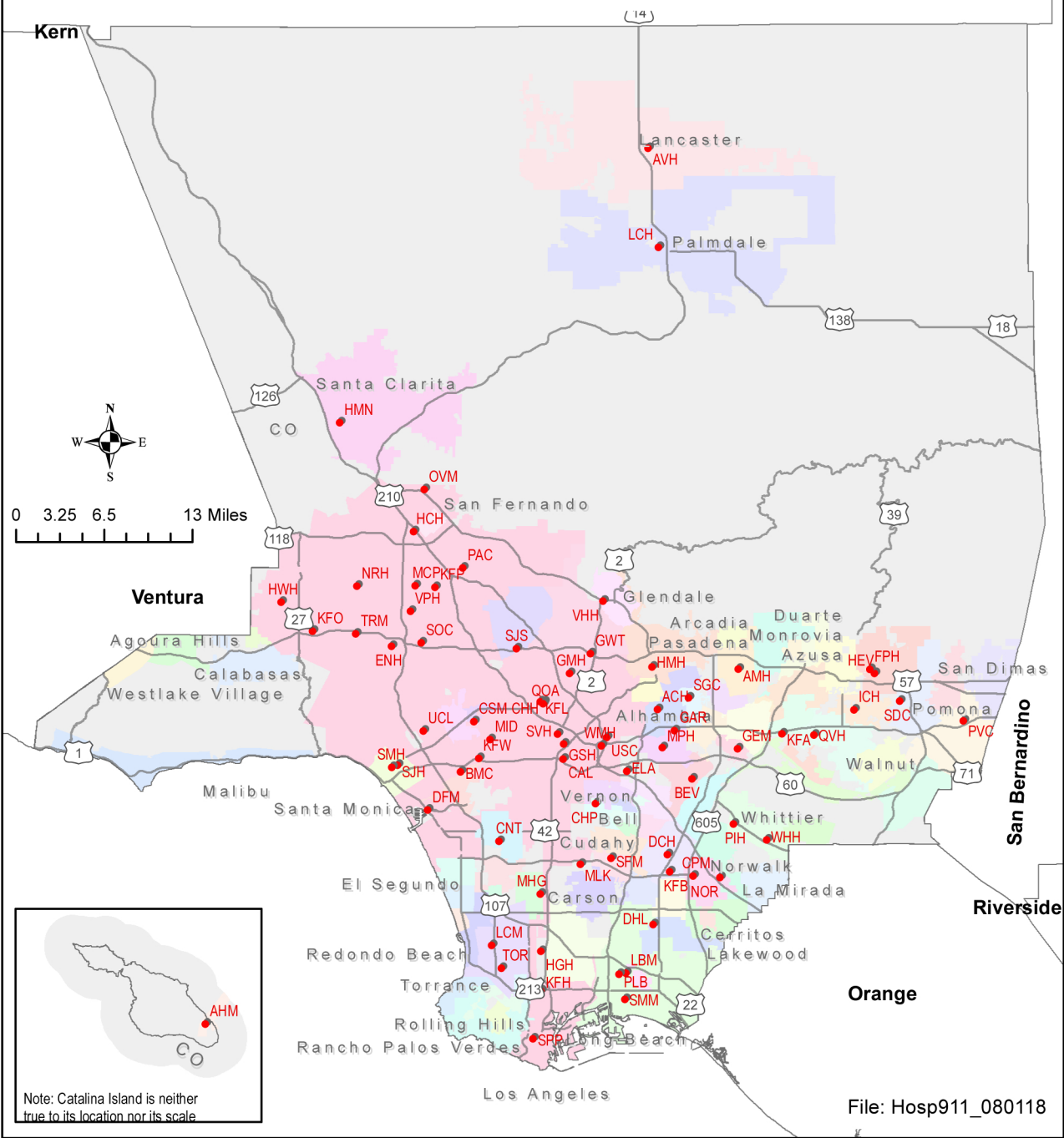
	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:03 min.	Not Applicable	Not Applicable	
Early defibrillation responder	5:03min,	Not Applicable	Not Applicable	
Advanced life support responder	5:06 min.	Not Applicable	Not Applicable	
Transport Ambulance	7:05 min.	Not Applicable	Not Applicable	

The following table lists dispatch data for Los Angeles County Fire Department (also dispatches La Habra Heights Fire Department, Avalon Fire Department and Los Angeles County Sheriff)

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:04 min.	Not Applicable	Not Applicable	
Early defibrillation responder	6:04 min.	Not Applicable	Not Applicable	
Advanced life support responder	6:10 min.	Not Applicable	Not Applicable	
Transport Ambulance	Not Applicable	Not Applicable	Not Applicable	

LOS ANGELES COUNTY 9-1-1 RECEIVING CENTERS

Effective As of July 3, 2018



Code	Name
ACH	Alhambra Hospital Medical Center
AHM	Catalina Island Medical Center
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
BMC	Southern California Hospital at Culver City
CAL	Dignity Health-California Hospital Medical Center
CHH	Children's Hospital Los Angeles
CHP	Community Hospital of Huntington Park
CNT	Centinel Hospital Medical Center
CPM	Coast Plaza Doctors Hospital
CSM	Cedars Sinai Medical Center
DCH	PIH Health Hospital - Downey
DFM	Marina Del Rey Hospital
DHL	Lakewood Regional Medical Center
ELA	East Los Angeles Doctors Hospital
ENH	Encino Hospital Medical Center
FPH	Foothill Presbyterian Hospital
GAR	Garfield Medical Center
GEM	Greater El Monte Community Hospital
GMH	Dignity Health-Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HEV	Glendora Community Hospital
HGH	LAC Harbor-UCLA Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
HWH	West Hills Hospital and Medical Center
ICH	Citrus Valley Medical Center - Inter-Community Campus
KFA	Kaiser Foundation Hospital - Baldwin Park
KFB	Kaiser Foundation Hospital - Downey
KFH	Kaiser Foundation Hospital - South Bay
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital - West Los Angeles
LBM	Long Beach Memorial Medical Center
LCH	Palmdale Regional Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
MID	Olympia Medical Center
MLK	Martin Luther King Jr. Community Hospital
MPH	Monterey Park Hospital
NOR	Los Angeles Community Hospital at Norwalk
NRH	Dignity Health-Northridge Hospital Medical Center
OVM	LAC Olive View-UCLA Medical Center
PAC	Pacific Hospital of the Valley
PIH	PIH Health Hospital - Whittier
PLB	College Medical Center
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SDC	San Dimas Community Hospital
SFM	St. Francis Medical Center
SGC	San Gabriel Valley Medical Center
SJH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UCLA Medical Center
SMM	Dignity Health-St. Mary Medical Center
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center-San Pedro
SVH	St. Vincent Medical Center
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WHH	Whittier Hospital Medical Center
WMH	Adventist Health - White Memorial

File: Hosp911_080118



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2020
(Fiscal Year 2018-2019)



TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Year 2018-2019**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma Patients:

1. Number of patients meeting trauma triage criteria	22,472
2. Number of major trauma victims transported directly to a trauma center by ambulance	18,551
3. Number of major trauma patients transferred to a trauma center	1,732
4. Number of patients meeting trauma triage criteria who weren't treated at a trauma center	1,910

Emergency Departments

Total number of emergency departments	72
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	69
4. Number of comprehensive emergency services	2
(LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)	

Receiving Hospitals

1. Number of receiving hospitals with written agreements	72
2. Number of base hospitals with written agreements	21



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2020
(Fiscal Years 2018 & 2019)



TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Years 2018-2019**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?
Fire Department establishes field treatment sites near the incident.
 - b. How are they staffed?
Prehospital Care Personnel.
 - c. Do you have a supply system for supporting them for 72 hours? **Yes No**

2. CISD –

Do you have a CISD provider with 24 hour capability? **Yes No**

- NOTE:** The EMS Agency will coordinate with LA County Department of Mental Health to address mental health and behavioral issues related to disasters.

3. Medical Response Team*
 - a. Do you have any team medical response capability **Yes No NKA**
 - b. For each team, are they incorporated into your local response plan? **Yes No NKA**
 - c. Are they available for statewide response? **Yes No NKA**
 - d. Are they part of a formal out-of-state response system? **Yes No NKA**

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? **Yes No**
 - b. At what HazMat level are they trained? **LA County has fire department base HazMat teams trained at the technician and specialist levels and are able to operate in Level A, B and C. Hospital decontamination teams are first receivers and can operate in level C PAPRs.**
 - c. Do you have the ability to do decontamination in an emergency room? **Yes No**

d. Do you have the ability to do decontamination in the field? **Yes** No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes** No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

3. Have you tested your MCI Plan this year in a: **Yes** No
 a. real event? **Yes** No
 b. exercise? **Yes** No

4. List all counties with which you have a written medical mutual aid agreement.
1(Region I-Orange, Ventura, Santa Barbara, San Luis Obispo, and Region VI-Inyo, Mono, San Bernardino, Imperial and San Diego counties).

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes** No

6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes** No

7. Are you part of a multi-county EMS system for disaster response? Yes **No**

8. Are you a separate department or agency? Yes **No**

9. If not, to whom do you report?
LA County Department of Health Services (DHS)

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes** No



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Alhambra Fire Department **Response Zone:** Alhambra

Address: 301 North First Street **Number of Ambulance Vehicles in Fleet:** 3
Alhambra CA 91801

Phone Number: 626-570-5190 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>6,573</u>	Total number of responses	<u>3,137</u>	Total number of transports
<u>6,309</u>	Number of emergency responses	<u>2,854</u>	Number of emergency transports
<u>264</u>	Number of non-emergency responses	<u>283</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** All Town Ambulance **Response Zone:** _____

Address: 13812 Saticoy Street, Suite A **Number of Ambulance Vehicles in Fleet:** 25
Panorama City, CA 91402

Phone Number: 877-599-4282 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

15020 Total number of responses
100 Number of emergency responses
14920 Number of non-emergency responses

12200 Total number of transports
50 Number of emergency transports
12150 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambulife Ambulance, Inc. **Response Zone:** Los Angeles County, California

Address: 6644 Van Nuys Blvd. Suite B **Number of Ambulance Vehicles in Fleet:** 10 Ambulnaces
Van Nuys, CA 91405

Phone Number: 818-786-2800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8 Ambulances

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

23,282 Total number of responses
0 Number of emergency responses
23,282 Number of non-emergency responses

21,499 Total number of transports
 Number of emergency transports
21,499 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambulnz Health, LLC **Response Zone:** _____

Address: 1907 Border Avenue **Number of Ambulance Vehicles in Fleet:** 54
Torrance, CA 90501

Phone Number: 877-331-5555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

30,150 Total number of responses
0 Number of emergency responses
30,150 Number of non-emergency responses

29,854 Total number of transports
0 Number of emergency transports
29,854 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** American Medical Response **Response Zone:** EOA 1

Address: 1055 W. Ave J **Number of Ambulance Vehicles in Fleet:** 109
Lancaster, CA. 93534

Phone Number: 661-945-9310 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 60

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	--	---	--

Transporting Agencies

<u>96,248</u> Total number of responses	<u>74,472</u> Total number of transports
<u>66,975</u> Number of emergency responses	<u>47,758</u> Number of emergency transports
<u>29,273</u> Number of non-emergency responses	<u>26,714</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** APA **Response Zone:** All

Address: 16945 Sherman Way **Number of Ambulance Vehicles in Fleet:** 28
Van Nuys, CA 91406

Phone Number: 888-703-3500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>30826</u> Total number of responses	<u>28610</u> Total number of transports
<u>21130</u> Number of emergency responses	<u>19315</u> Number of emergency transports
<u>9696</u> Number of non-emergency responses	<u>9295</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Amwest Ambulance **Response Zone:** N/A

Address: 13257 Saticoy Street **Number of Ambulance Vehicles in Fleet:** 35
North Hollywood, CA 91605

Phone Number: 818-859-7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 24

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

19,245 Total number of responses
1,718 Number of emergency responses
17,527 Number of non-emergency responses

18,365 Total number of transports
215 Number of emergency transports
18,150 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Antelope Ambulance **Response Zone:** Antelope Valley

Address: 42540 6th Street East **Number of Ambulance Vehicles in Fleet:** 9
Lancaster, CA 93535

Phone Number: (661) 951-1998 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

5769 Total number of responses
98 Number of emergency responses
5671 Number of non-emergency responses

5508 Total number of transports
86 Number of emergency transports
5422 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Arcadia Fire Department **Response Zone:** LA County, Area C

Address: 710 S. Santa Anita Ave **Number of Ambulance Vehicles in Fleet:** 3
Arcadia, CA 91006

Phone Number: 626-574-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>5694</u>	Total number of responses	<u>2781</u>	Total number of transports
<u>3713</u>	Number of emergency responses	<u>2103</u>	Number of emergency transports
<u>1981</u>	Number of non-emergency responses	<u>678</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Avalon Fire Department **Response Zone:** _____

Address: 420 Avalon Canyon Road **Number of Ambulance Vehicles in Fleet:** 2
Avalon, CA 90704

Phone Number: 310-510-0203, Ext. 205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>951</u> Total number of responses	<u>667</u> Total number of transports
<u>856</u> Number of emergency responses	<u>658</u> Number of emergency transports
<u>95</u> Number of non-emergency responses	<u>9</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** City of Beverly Hills Fire Department **Response Zone:** City of Beverly Hills

Address: 445 North Rexford Drive **Number of Ambulance Vehicles in Fleet:** 6 (5 ALS, 1 BLS)
Beverly Hills CA 90210

Phone Number: 310.281.2733 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>8015</u>	Total number of responses	<u>2424</u>	Total number of transports
<u>7959</u>	Number of emergency responses	<u>2424</u>	Number of emergency transports
<u>84</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Burbank Fire Department **Response Zone:** City of Burbank

Address: 311 E. Orange Grove Avenue **Number of Ambulance Vehicles in Fleet:** 3 front-line, 2 reserve
Burbank, CA 91502

Phone Number: 818-238-3473 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7,468 Total number of responses
3,434 Number of emergency responses
4,034 Number of non-emergency responses

4,586 Total number of transports
2,737 Number of emergency transports
1,849 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** CAL-MED Ambulance **Response Zone:** _____

Address: 1557 Santa Anita Avenue **Number of Ambulance Vehicles in Fleet:** 21
South El Monte, CA 91733

Phone Number: 877-686-5522 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5-6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

16875 Total number of responses
81 Number of emergency responses
16794 Number of non-emergency responses

16607 Total number of transports
55 Number of emergency transports
16551 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Care Ambulance Service **Response Zone:** EOA 2,3,4 and 5

Address: 1517 W Braden **Number of Ambulance Vehicles in Fleet:** 204
Orange, CA 92868

Phone Number: (714) 288-3800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 110

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

184,343 Total number of responses
175,711 Number of emergency responses
8,632 Number of non-emergency responses

136,631 Total number of transports
128,759 Number of emergency transports
7,872 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** College Coastal Care Ambulance **Response Zone:** _____

Address: 1725 Pacific Avenue **Number of Ambulance Vehicles in Fleet:** 3
Long Beach, CA 90813

Phone Number: 562-997-2020 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2,293 Total number of responses
0 Number of emergency responses
2,293 Number of non-emergency responses

2,293 Total number of transports
0 Number of emergency transports
2,293 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Compton Fire Department **Response Zone:** City of Compton

Address: 201 S. Acacia Avenue **Number of Ambulance Vehicles in Fleet:** 0
Compton, CA 90220

Phone Number: 310-605-6278 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7893 Total number of responses
7893 Number of emergency responses
0 Number of non-emergency responses

NA Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Culver City Fire Department **Response Zone:** Culver City

Address: 9600 Culver Boulevard **Number of Ambulance Vehicles in Fleet:** 3
Culver City, CA 90232

Phone Number: 310-253-5900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4743</u>	Total number of responses	<u>3452</u>	Total number of transports
<u>4743</u>	Number of emergency responses	<u>1912</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>1540</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** DOWNEY FIRE DEPARTMENT **Response Zone:** AREA E

Address: 12222 PARAMOUNT BLVD. **Number of Ambulance Vehicles in Fleet:** 4 BLS, 1 RESERVE = 5
DOWNEY, CA 90242

Phone Number: 562-622-8674 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4 BLS

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>8996</u> Total number of responses	<u>7657</u> Total number of transports
<u>8996</u> Number of emergency responses	<u>2943</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>4714</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** El Segundo Fire Department **Response Zone:** City of El Segundo

Address: 314 Main Street **Number of Ambulance Vehicles in Fleet:** 3
El Segundo, Ca. 90245

Phone Number: 310-524-2269 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2121</u>	Total number of responses	<u>956</u>	Total number of transports
<u>1987</u>	Number of emergency responses	<u>263</u>	Number of emergency transports
<u>134</u>	Number of non-emergency responses	<u>693</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Emergency Ambulance Service, Inc. **Response Zone:** _____

Address: 3200 E. Birch Street, Suite A **Number of Ambulance Vehicles in Fleet:** 11
Brea, CA 92821

Phone Number: 714-990-1331 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4863</u> Total number of responses	<u>3942</u> Total number of transports
<u>4</u> Number of emergency responses	<u>3</u> Number of emergency transports
<u>4859</u> Number of non-emergency responses	<u>3939</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** First Rescue Ambulance, Inc **Response Zone:** 3, 4, 7

Address: 15705 Arrow Hwy, Ste. 2 **Number of Ambulance Vehicles in Fleet:** 8
Irwindale, CA 91706

Phone Number: 626-338-2273 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5-6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7260 Total number of responses
0 Number of emergency responses
7260 Number of non-emergency responses

7160 Total number of transports
0 Number of emergency transports
7160 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** FirstMed Ambulance Services, Inc. **Response Zone:** _____

Address: 8630 Tamarack Avenue **Number of Ambulance Vehicles in Fleet:** 37
Sun Valley CA 91352

Phone Number: 818-230-1600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

18283 Total number of responses
0 Number of emergency responses
18283 Number of non-emergency responses

18283 Total number of transports
0 Number of emergency transports
18283 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Glendale Fire Department **Response Zone:** Area C

Address: 421 Oak Street **Number of Ambulance Vehicles in Fleet:** 11
Glendale, CA 91204

Phone Number: 818-548-6471 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>16,585</u> Total number of responses	<u>11,136</u> Total number of transports
<u>16,585</u> Number of emergency responses	<u>11,136</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Guardian Ambulance Service **Response Zone:** _____

Address: 12121 Barringer Street **Number of Ambulance Vehicles in Fleet:** 9
South El Monte, Ca. 91733

Phone Number: 626 405 8848 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3845</u>	Total number of responses	<u>3697</u>	Total number of transports
<u>35</u>	Number of emergency responses	<u>194</u>	Number of emergency transports
<u>3810</u>	Number of non-emergency responses	<u>3503</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** La Habra Heights Fire Dept. **Response Zone:** _____

Address: 1245 N. Hacienda Road **Number of Ambulance Vehicles in Fleet:** 0
La Habra Heights, CA 90631

Phone Number: (562) 694-8283 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

476 Total number of responses
476 Number of emergency responses
0 Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** La Verne Fire Department **Response Zone:** 91750

Address: 2061 Third Street **Number of Ambulance Vehicles in Fleet:** 3
La Verne, CA 91750

Phone Number: 909 596-5991 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3521</u>	Total number of responses	<u>1299</u>	Total number of transports
<u>3110</u>	Number of emergency responses	<u>1299</u>	Number of emergency transports
<u>411</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Liberty Ambulance **Response Zone:** _____

Address: 9441 Washburn Road **Number of Ambulance Vehicles in Fleet:** 51
Downey, CA 90242

Phone Number: 562-741-6230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

48420 Total number of responses
392 Number of emergency responses
48028 Number of non-emergency responses

47376 Total number of transports
384 Number of emergency transports
46992 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Lifeline Ambulance **Response Zone:** _____

Address: 1120 S Maple Ave **Number of Ambulance Vehicles in Fleet:** 59
Montebello, CA 90640

Phone Number: 800-700-9344 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 30

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

35,376 Total number of responses
81 Number of emergency responses
35,295 Number of non-emergency responses

34,364 Total number of transports
114 Number of emergency transports
34,250 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports



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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Long Beach Fire Department **Response Zone:** City of Long Beach

Address: 3205 Lakewood Blvd **Number of Ambulance Vehicles in Fleet:** 9 ALS +5 BLS total of 14
Long Beach, CA 90808

Phone Number: 562-570-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>51,214</u> Total number of responses	<u>25,028</u> Total number of transports
<u>44,036</u> Number of emergency responses	<u>14,646</u> Number of emergency transports
<u>7,178</u> Number of non-emergency responses	<u>25,028</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Los Angeles County Fire Department **Response Zone:** Los Angeles

Address: 1320 N Eastern Ave **Number of Ambulance Vehicles in Fleet:** 8 (Air Ambulance Only)
Los Angeles, CA 90063-3294

Phone Number: 213-267-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>326,716</u> Total number of responses	<u>N/A</u> Total number of transports
<u>326,716</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Air Ambulance Services

<u>972</u> Total number of responses	<u>536</u> Total number of transports
<u>972</u> Number of emergency responses	<u>536</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Los Angeles County Sheriff's Dept **Response Zone:** _____

Address: 1060 N. Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 3 Helicopters, 3 Ambulances, 3 ALS Boats
Los Angeles, CA 90063

Phone Number: 323-881-7800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 (Helicopter)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>98</u>	Total number of responses	<u>3</u>	Total number of transports
<u>93</u>	Number of emergency responses	<u>3</u>	Number of emergency transports
<u>5</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>594</u>	Total number of responses	<u>475</u>	Total number of transports
<u>573</u>	Number of emergency responses	<u>285</u>	Number of emergency transports
<u>21</u>	Number of non-emergency responses	<u>190</u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Los Angeles City Fire Department **Response Zone:** Los Angeles City

Address: 200 N. Main Street **Number of Ambulance Vehicles in Fleet:** 147
Los Angeles, CA 90012

Phone Number: (213) 978-3885 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 140

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

469,189 Total number of responses
432,436 Number of emergency responses
36,753 Number of non-emergency responses

213,401 Total number of transports
202,967 Number of emergency transports
10,434 Number of non-emergency transports

Air Ambulance Services

985 Total number of responses
975 Number of emergency responses
10 Number of non-emergency responses

73 Total number of transports
0 Number of emergency transports
73 Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Lynch EMS Ambulance **Response Zone:** _____

Address: 2950 E. La Jolla Street **Number of Ambulance Vehicles in Fleet:** 22
Anaheim, CA 92806

Phone Number: 714-632-0225 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2502 Total number of responses
394 Number of emergency responses
2108 Number of non-emergency responses

2395 Total number of transports
360 Number of emergency transports
2035 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Manhattan Beach FD **Response Zone:** _____

Address: 400 15th Street **Number of Ambulance Vehicles in Fleet:** 2
Manhattan Beach, CA 90266

Phone Number: 3108025203 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3728 Total number of responses
3518 Number of emergency responses
210 Number of non-emergency responses

1346 Total number of transports
735 Number of emergency transports
611 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Mauran Ambulance **Response Zone:** 8

Address: 1211 1st Street **Number of Ambulance Vehicles in Fleet:** 8
San Fernando, CA, 91340

Phone Number: 818-365-3182 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

3456 Total number of responses
0 Number of emergency responses
3456 Number of non-emergency responses

3341 Total number of transports
0 Number of emergency transports
3341 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** McCormick Ambulance **Response Zone:** EOA 6, 7, 8, 9

Address: 2020 S. Central Avenue **Number of Ambulance Vehicles in Fleet:** 45
Compton, CA 90220

Phone Number: 310-219-1779 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 44

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>112,124</u> Total number of responses	<u>80,827</u> Total number of transports
<u>111,919</u> Number of emergency responses	<u>80,641</u> Number of emergency transports
<u>205</u> Number of non-emergency responses	<u>186</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Medcoast Ambulance **Response Zone:** _____

Address: 14325 Iseli Rd, Santa Fe Springs **Number of Ambulance Vehicles in Fleet:** 20
CA, 90679

Phone Number: 562-926-9990 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>31,459</u> Total number of responses	<u>24,302</u> Total number of transports
<u>85</u> Number of emergency responses	<u>70</u> Number of emergency transports
<u>31,374</u> Number of non-emergency responses	<u>24232</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** MedReach Ambulance **Response Zone:** _____

Address: 1303 Kona Drive **Number of Ambulance Vehicles in Fleet:** 18
Rancho Dominguez, CA 90220

Phone Number: 310-868-5103 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14-16

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>18,846</u> Total number of responses	<u>16,471</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>18,846</u> Number of non-emergency responses	<u>16,471</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Med Response, Inc. **Response Zone:** _____

Address: 9961 Baldwin Place **Number of Ambulance Vehicles in Fleet:** 4
El Monte, CA 91731

Phone Number: 888-633-3333 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2687 Total number of responses
0 Number of emergency responses
2687 Number of non-emergency responses

2650 Total number of transports
0 Number of emergency transports
2650 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Monrovia Fire & Rescue **Response Zone:** City of Monrovia

Address: 141 E. Lemon Avenue **Number of Ambulance Vehicles in Fleet:** 0
Monrovia, CA 91016

Phone Number: (626) 256-8181 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3,402</u> Total number of responses	<u>0</u> Total number of transports
<u>3,402</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Montebello Fire Department **Response Zone:** _____

Address: 600 N. Montebello Blvd. **Number of Ambulance Vehicles in Fleet:** N/A
Montebello, Ca. 90640

Phone Number: 323 887-4510 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>7,000</u>	Total number of responses	<u>3,627</u>	Total number of transports
<u>6,800</u>	Number of emergency responses	<u>2,129</u>	Number of emergency transports
<u>200</u>	Number of non-emergency responses	<u>1,498</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Monterey Park Fire Department **Response Zone:** _____

Address: 350 West Newmark Ave. **Number of Ambulance Vehicles in Fleet:** 2
Monterey Park, CA 91754

Phone Number: (626) 307-1270 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2 ALS

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4,355</u> Total number of responses	<u>2,586</u> Total number of transports
<u>4,024</u> Number of emergency responses	<u>1,713</u> Number of emergency transports
<u>331</u> Number of non-emergency responses	<u>873</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Pasadena Fire Department **Response Zone:** Area C

Address: 215 N. Marengo Ave Suite 195 **Number of Ambulance Vehicles in Fleet:** 10
Pasadena, CA 91101

Phone Number: 626-744-4636 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

15111 Total number of responses
15111 Number of emergency responses
0 Number of non-emergency responses

13459 Total number of transports
13459 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Premier Ambulance (PE) **Response Zone:** Los Angeles County IFT

Address: 260 N. Palm Street, Suite 200 **Number of Ambulance Vehicles in Fleet:** 52
Brea, CA 92821

Phone Number: Dispatch: 888-353-9556 **Average Number of Ambulances on Duty**
Bus: 714-256-2141 **At 12:00 p.m. (noon) on Any Given Day:** 29 at Noon / 52 at 1600 hours

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

26465 Total number of responses
3 Number of emergency responses
26462 Number of non-emergency responses

26292 Total number of transports
2 Number of emergency transports
26290 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** PRN Ambulance **Response Zone:** N/A

Address: 8928 Sepulveda Blvd. **Number of Ambulance Vehicles in Fleet:** 75
North Hills CA 91343

Phone Number: (818)810-3600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 30

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

9794 Total number of responses
132 Number of emergency responses
9662 Number of non-emergency responses

9020 Total number of transports
105 Number of emergency transports
8915 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** REACH Air Medical **Response Zone:** _____

Address: 10676 Sherman Way **Number of Ambulance Vehicles in Fleet:** 1
Burbank, CA 91505

Phone Number: 818-855-1351 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

156 Total number of responses
0 Number of emergency responses
156 Number of non-emergency responses

156 Total number of transports
0 Number of emergency transports
156 Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Redondo Beach Fire Department **Response Zone:** _____

Address: 401 S. Broadway **Number of Ambulance Vehicles in Fleet:** 2 Squads
Redondo Beach, Ca. 90277

Phone Number: (310) 318-0663 x 4337 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2 Squads

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>7,137</u> Total number of responses	<u>0</u> Total number of transports
<u>7,137</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Rescue Services Intl. Ambulance **Response Zone:** _____

Address: 12806 Schabarum, Suite A **Number of Ambulance Vehicles in Fleet:** 23
Irwindale, CA 91706

Phone Number: 626-385-0440 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

19248 Total number of responses
347 Number of emergency responses
18901 Number of non-emergency responses

18489 Total number of transports
263 Number of emergency transports
18226 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Royalty Ambulance Services, Inc. **Response Zone:** _____

Address: 3235 N. San Fernando Road, Bldg. 6 **Number of Ambulance Vehicles in Fleet:** 21
Los Angeles CA 90065

Phone Number: 818-550-5833 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 16

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>15110</u>	Total number of responses	<u>10,923</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>15110</u>	Number of non-emergency responses	<u>10,923</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** San Gabriel Fire Department **Response Zone:** _____

Address: 1303 S. Del Mar Avenue **Number of Ambulance Vehicles in Fleet:** 2
San Gabriel, CA 91776

Phone Number: 626-308-2880 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2047</u>	Total number of responses	<u>1396</u>	Total number of transports
<u>2047</u>	Number of emergency responses	<u>1396</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** San Marino Fire Department **Response Zone:** Area C

Address: 2200 Huntington Drive **Number of Ambulance Vehicles in Fleet:** 2
San Marino, CA 91108

Phone Number: 626-300-0735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

933 Total number of responses
933 Number of emergency responses
0 Number of non-emergency responses

904 Total number of transports
904 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Santa Fe Springs Fire Rescue **Response Zone:** Santa Fe Springs

Address: 11300 Greenstone Avenue **Number of Ambulance Vehicles in Fleet:** 0
Santa Fe Springs, CA 90670

Phone Number: 562-944-9713 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2195</u>	Total number of responses	<u>0</u>	Total number of transports
<u>2195</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Santa Monica Fire Department **Response Zone:** _____

Address: 333 Olympic Drive **Number of Ambulance Vehicles in Fleet:** 4
Santa Monica, CA 90401

Phone Number: 310-458-8652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>11,424</u> Total number of responses	<u>0</u> Total number of transports
<u>11,424</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Sierra Madre Fire Department **Response Zone:** City of Sierra Madre

Address: 242 W Sierra Madre Blvd **Number of Ambulance Vehicles in Fleet:** 2
Sierra Madre, CA

Phone Number: (626) 355-3611 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

680 Total number of responses
680 Number of emergency responses
 Number of non-emergency responses

519 Total number of transports
519 Number of emergency transports
 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports



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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** South Pasadena Fire Department **Response Zone:** City of South Pasadena

Address: 817 Mound Avenue **Number of Ambulance Vehicles in Fleet:** 1
South Pasadena, Ca 91030

Phone Number: 626-403-7300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1344</u>	Total number of responses	<u>949</u>	Total number of transports
<u>1344</u>	Number of emergency responses	<u>949</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Dibiassi Corp (dba Symbiosis Amb) **Response Zone:** _____

Address: 5363 Alhambra Avenue **Number of Ambulance Vehicles in Fleet:** 9
Los Angeles, CA 90032

Phone Number: (888) 214-5263 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

9306 Total number of responses
0 Number of emergency responses
9306 Number of non-emergency responses

7869 Total number of transports
0 Number of emergency transports
7869 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Torrance Fire Department **Response Zone:** City Of Torrance

Address: 1701 Crenshaw Boulevard **Number of Ambulance Vehicles in Fleet:** 2
Torrance CA 90501

Phone Number: 310-781-700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>11,250</u>	Total number of responses	<u>0</u>	Total number of transports
<u>11,198</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>52</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Trinity Ambulance **Response Zone:** _____

Address: 8205 Somerset Boulevard **Number of Ambulance Vehicles in Fleet:** 6
Paramount Ca 90723

Phone Number: 562-677-1000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4800 Total number of responses
0 Number of emergency responses
4800 Number of non-emergency responses

4200 Total number of transports
0 Number of emergency transports
4200 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Vernon Fire Department **Response Zone:** City of Vernon

Address: 4305 Santa Fe Avenue **Number of Ambulance Vehicles in Fleet:** 2
Vernon, Ca. 90058

Phone Number: (323) 583-8811 Ext. 287 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

719 Total number of responses
719 Number of emergency responses
0 Number of non-emergency responses

534 Total number of transports
534 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



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EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Viewpoint Ambulance **Response Zone:** _____

Address: 1341 N. Miller Street, Ste 209 **Number of Ambulance Vehicles in Fleet:** 29
Anaheim, CA 92806

Phone Number: 888-202-6500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 20-25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2654 Total number of responses
0 Number of emergency responses
2654 Number of non-emergency responses

2511 Total number of transports
0 Number of emergency transports
2511 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports



**Los Angeles County – Department of Health Services
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Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Vital Care Ambulance **Response Zone:** _____

Address: 1480 Colorado Blvd, #135 **Number of Ambulance Vehicles in Fleet:** 2
Los Angeles, CA 90041

Phone Number: 323-747-1072 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

171 Total number of responses
0 Number of emergency responses
171 Number of non-emergency responses

168 Total number of transports
0 Number of emergency transports
168 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports



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ANNUAL UPDATE 2019 (Fiscal Year 2018-2019)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** West Covina Fire Department **Response Zone:** West Covina

Address: 1444 W. Garvey Avenue South **Number of Ambulance Vehicles in Fleet:** 3 (In-Service) 2 (Reserve)
West Covina, CA 91790

Phone Number: (626) 939-8824 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>6363</u> Total number of responses	<u>3963</u> Total number of transports
<u>6363</u> Number of emergency responses	<u>1889</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>2074</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

TABLE 9: FACILITIES

Facility: Adventist Health – White Memorial
Address: 1720 Cesar Chavez Avenue
Los Angeles, CA 90033

Telephone Number: (323) 268-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Alhambra Hospital
Address: 100 South Raymond Avenue
Alhambra, CA 91801

Telephone Number: (626) 570-1606

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Antelope Valley Hospital
Address: 1600 West Avenue J
Lancaster, CA 93534

Telephone Number: (661) 949-5000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹² No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Beverly Hospital
Address: 309 West Beverly Boulevard
Montebello, CA 90640

Telephone Number: (323) 726-1222

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Catalina Island Medical Center
Address: 100 Falls Canyon Road
Avalon, CA 90704

Telephone Number: (310) 510-0700

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Cedars Sinai Medical Center
Address: 8700 Beverly Medical Center
Los Angeles, CA 90048

Telephone Number: (310) 855-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Cedars-Sinai Marina Del Rey Hospital
Address: 4650 Lincoln Boulevard
Marina Del Rey, CA 90291

Telephone Number: (310) 823-8911

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Centinela Hospital Medical Center
Address: 555 East Hardy Street
Inglewood, CA 90301

Telephone Number: (310) 673-4660

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁵ EDAP²⁶ PICU²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Children’s Hospital Los Angeles
Address: 4650 Sunset Boulevard
Los Angeles, CA 90027

Telephone Number: (323) 660-2450

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁸ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP²⁹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³⁰ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Coast Plaza Doctors Hospital
Address: 13100 Studebaker Road
Norwalk, CA 90650

Telephone Number: (562) 868-3751

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center³¹ EDAP³² PICU³³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: College Medical Center
Address: 2776 Pacific Avenue
Long Beach, CA 90806

Telephone Number: (562) 595-1911

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center³⁴ EDAP³⁵ PICU³⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Community Hospital of Huntington Park
Address: 2623 E. Slauson Ave
Huntington Park, CA 90023

Telephone Number: (323) 538-1931

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center³⁷ EDAP³⁸ PICU³⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Dignity Health-California Hospital **Telephone Number:** (213) 748-2411
 Medical Center
Address: 1401 South Grand Avenue
 Los Angeles, CA 90015

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁴¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁴² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Dignity Health-Glendale Memorial Hospital and Health Center
Address: 1420 South Central Avenue
 Glendale, CA 91204

Telephone Number: (818) 502-1900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁴³ EDAP⁴⁴ PICU⁴⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Dignity Health-Northridge Hospital **Telephone Number:** (818) 885-8500
 Medical Center
Address: 18300 Roscoe Boulevard
 Northridge, CA 91328

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁴⁶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP⁴⁷ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁴⁸ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Dignity Health-St. Mary Medical Center
Address: 1050 Linden Avenue
Long Beach, CA 90813

Telephone Number: (562) 491-9000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴⁹ EDAP⁵⁰ PICU⁵¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: East Los Angeles Doctors Hospital
Address: 4060 East Whittier Boulevard
Los Angeles, CA 90023

Telephone Number: (323) 268-5514

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁵² EDAP⁵³ PICU⁵⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁵² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Emanate Health – Foothill Presbyterian Hospital
Address: 250 South Grand Avenue
Glendora, CA 91749

Telephone Number: (626) 963-8411

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁵⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁵⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁵⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Emanate Health Inter-Community Hospital
Address: 210 West San Bernardino Road
Covina, CA 91723

Telephone Number: (626) 331-7331

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁵⁸ EDAP⁵⁹ PICU⁶⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁵⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Emanate Health Queen of the Valley Hospital
Address: 1115 South Sunset Avenue
West Covina, CA 91790

Telephone Number: (626) 962-4011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁶¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
EDAP⁶²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II
PICU⁶³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁶¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Encino Hospital Medical Center
Address: 16237 Ventura Boulevard
Encino, CA 91436

Telephone Number: (818) 995-5000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁶⁴ EDAP⁶⁵ PICU⁶⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁶⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Garfield Medical Center
Address: 525 North Garfield Avenue
Monterey Park, CA 91754

Telephone Number: (626) 573-2222

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁶⁷ EDAP⁶⁸ PICU⁶⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁶⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Glendora Community Hospital **Telephone Number:** (626) 335-0231
Address: 150 W. Route 66
Glendora, CA 91740

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁷⁰ EDAP⁷¹ PICU⁷²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁷⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁷¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁷² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Good Samaritan Hospital
Address: 1225 Wilshire Blvd
Los Angeles, CA 90017

Telephone Number: (213) 977-2121

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁷³ EDAP⁷⁴ PICU⁷⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁷³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Greater El Monte Community Hospital
Address: 1701 Santa Anita Avenue
South El Monte, CA 91733

Telephone Number: (626) 579-7777

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁷⁶ EDAP⁷⁷ PICU⁷⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁷⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Henry Mayo Newhall Hospital
Address: 23845 West McBean Parkway
Valencia, CA 91355

Telephone Number: (661) 253-8000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷⁹ EDAP⁸⁰ PICU⁸¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁸¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Hollywood Presbyterian Medical Center
Address: 1300 North Vermont Avenue
Los Angeles, CA 90027

Telephone Number: (323) 413-3000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁸² EDAP⁸³ PICU⁸⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁸² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁸⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Huntington Hospital
Address: 100 West California Boulevard
Pasadena, CA 91105

Telephone Number: (626) 397-5000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁸⁵ EDAP⁸⁶ PICU⁸⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁸⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁸⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Baldwin Park
Address: 1011 Baldwin Park Boulevard
Baldwin Park, CA 91706

Telephone Number: (626) 851-1011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁸⁸ EDAP⁸⁹ PICU⁹⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁸⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Downey Medical Center
Address: 9333 Imperial Highway
Downey, CA 90242

Telephone Number: (562) 920-3023

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁹¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁹² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁹³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁹¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Los Angeles
Address: 4867 Sunset Boulevard
Los Angeles, CA 90027

Telephone Number: (323) 783-4011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁹⁴ EDAP⁹⁵ PICU⁹⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁹⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Panorama City
Address: 13652 Cantara Street
Panorama City, CA 91402

Telephone Number: (818) 375-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁹⁷ EDAP⁹⁸ PICU⁹⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁹⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-South Bay
Address: 25825 South Vermont Avenue
Harbor City, CA 90710

Telephone Number: (310) 325-5111

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰⁰ EDAP¹⁰¹ PICU¹⁰²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-West Los Angeles
Address: 6041 Cadillac Avenue
Los Angeles, CA 90034

Telephone Number: (323) 857-2000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰³ EDAP¹⁰⁴ PICU¹⁰⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Woodland Hills
Address: 5601 De Soto Avenue
Woodland Hills

Telephone Number: (818) 719-2000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰⁶ EDAP¹⁰⁷ PICU¹⁰⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC Harbor-UCLA Medical Center
Address: 1000 West Carson Street
Torrance, Ca 90502

Telephone Number: (310) 222-2345

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁰⁹ EDAP¹¹⁰ PICU¹¹¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁰⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹¹¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: LAC Olive View Medical Center
Address: 14445 Olive View Drive
Sylmar, CA 91342

Telephone Number: (818) 364-1555

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹¹² EDAP¹¹³ PICU¹¹⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹¹² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC+USC Medical Center
Address: 1200 North State Street
Los Angeles, CA 90033

Telephone Number: (310) 226-2600

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center¹¹⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP¹¹⁶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU¹¹⁷ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹¹⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹¹⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Lakewood Regional Medical Center
Address: 3700 East South Street
Lakewood, CA 90712

Telephone Number: (562) 531-2550

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹¹⁸ EDAP¹¹⁹ PICU¹²⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹¹⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹²⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Los Angeles Community Hospital at Norwalk
Address: 13222 Bloomfield Avenue
Norwalk, CA 90650

Telephone Number: (562) 863-4763

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹²¹ EDAP¹²² PICU¹²³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹²¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Martin Luther King Jr Community Hospital
Address: 1680 East 120th Street
Los Angeles, CA 90059

Telephone Number: (424) 388-8000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹²⁴ EDAP¹²⁵ PICU¹²⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹²⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Memorial Hospital of Gardena
Address: 1145 West Redondo Beach Boulevard
Gardena, CA 90247

Telephone Number: (310) 532-4200

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹²⁷ EDAP¹²⁸ PICU¹²⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹²⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹²⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹²⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: MemorialCare Long Beach Medical Center
Address: 2801 Atlantic Avenue
 Long Beach, CA 90806

Telephone Number: (562) 933-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³⁰ EDAP¹³¹ PICU¹³²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹³⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Methodist Hospital of Southern California
Address: 300 West Huntington Drive
Arcadia, CA 91007

Telephone Number: (626) 898-8000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³³ EDAP¹³⁴ PICU¹³⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹³³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Mission Community Hospital
Address: 14850 Roscoe Boulevard
Panorama City, CA 91402

Telephone Number: (818) 787-2222

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³⁶ EDAP¹³⁷ PICU¹³⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹³⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Monterey Park Hospital
Address: 900 South Atlantic Boulevard
Monterey Park, CA 91754

Telephone Number: (626) 570-9000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³⁹ EDAP¹⁴⁰ PICU¹⁴¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹³⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁴¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Olympia Medical Center
Address: 5900 West Olympic Boulevard
Los Angeles, CA 90036

Telephone Number: (310) 657-5900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁴² EDAP¹⁴³ PICU¹⁴⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁴² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Pacifica Hospital of the Valley
Address: 9449 San Fernando Road
Sun Valley, CA 91352

Telephone Number: (818) 767-3310

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁴⁵ EDAP¹⁴⁶ PICU¹⁴⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁴⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Palmdale Regional Medical Center
Address: 38600 Medical Center Drive
Palmdale, CA 93551

Telephone Number: (661) 940-1498

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁴⁸ EDAP¹⁴⁹ PICU¹⁵⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁴⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Downey **Telephone Number:** (562) 904-5000
Address: 11500 Brookshire Avenue
Downey, CA 90241

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁵¹ EDAP¹⁵² PICU¹⁵³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁵¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Whittier
Address: 12401 East Washington Boulevard
Whittier, CA 90602

Telephone Number: (562) 698-0811

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁵⁴ EDAP¹⁵⁵ PICU¹⁵⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁵⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Pomona Valley Hospital Medical Center **Telephone Number:** (909) 623-8715
Address: 1768 North Garey Avenue
Pomona, CA 91767

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁵⁷ EDAP¹⁵⁸ PICU¹⁵⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁵⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Cedars-Sinai Tarzana
 Medical Center

Address: 18321 Clark Street

 Tarzana, CA 91356

Telephone Number: (818) 881-0800

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁶⁰ EDAP¹⁶¹ PICU¹⁶²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁶⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Holy Cross Medical Center
Address: 15031 Rinaldi Street
Mission Hills, CA 91345

Telephone Number: (818) 365-8051

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶³ EDAP¹⁶⁴ PICU¹⁶⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Little Company of Mary Medical Center – San Pedro
Address: 1300 West Seventh Street
 San Pedro, CA 90732

Telephone Number: (310) 832-3311

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶⁶ EDAP¹⁶⁷ PICU¹⁶⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Little Company of Mary Medical Center – Torrance
Address: 4101 Torrance Boulevard
 Torrance, CA 90503

Telephone Number: (310) 540-7676

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶⁹ EDAP¹⁷⁰ PICU¹⁷¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Saint John's Health Center **Telephone Number:** (310) 829-5511
Address: 2121 Santa Monica Boulevard
Santa Monica, CA 90404

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁷² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁷³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁷⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁷² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁷⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Saint Joseph Medical Center
Address: 501 South Buena Vista Street
Burbank, CA 91505

Telephone Number: (818) 843-5111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁷⁵ EDAP¹⁷⁶ PICU¹⁷⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁷⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Ronald Regan UCLA Medical Center
Address: 757 Westwood Plaza
Los Angeles, CA 90095

Telephone Number: (310) 825-9111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁷⁸ EDAP¹⁷⁹ PICU¹⁸⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁷⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Dimas Community Hospital
Address: 1350 West Covina Boulevard
San Dimas, CA 91773

Telephone Number: (909) 599-6811

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁸¹ EDAP¹⁸² PICU¹⁸³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁸¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Gabriel Valley Medical Center
Address: 438 West La Tunas Drive
San Gabriel, CA 91776

Telephone Number: (626) 289-5454

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁸⁴ EDAP¹⁸⁵ PICU¹⁸⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁸⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Santa Monica-UCLA Medical Center
Address: 1250 16th Street
Santa Monica, CA 90404

Telephone Number: (310) 319-4000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁸⁷ EDAP¹⁸⁸ PICU¹⁸⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁸⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Sherman Oaks Hospital
Address: 4929 Van Nuys Boulevard
Sherman Oaks, CA 91403

Telephone Number: (818) 981-7111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹⁰ EDAP¹⁹¹ PICU¹⁹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Southern California Hospital at Culver City
Address: 3828 Delmar Terrace
Culver City, CA 90231

Telephone Number: (310) 836-7000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹³ EDAP¹⁹⁴ PICU¹⁹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: St. Francis Medical Center
Address: 3630 East Imperial Highway
Lynwood, CA 90262

Telephone Number: (310) 900-8900

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹⁶ EDAP¹⁹⁷ PICU¹⁹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: St. Vincent Medical Center
Address: 2131 West 3rd Street
Los Angeles, CA 90057

Telephone Number: (213) 484-7111

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁹⁹ EDAP²⁰⁰ PICU²⁰¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁰¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Torrance Memorial Medical Center
Address: 3330 West Lomita Boulevard
Torrance, CA 90505

Telephone Number: (310) 325-9110

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center²⁰² EDAP²⁰³ PICU²⁰⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

²⁰² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁰⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: USC Verdugo Hills Hospital
Address: 1812 Verdugo Boulevard
Glendale, CA 91208

Telephone Number: (818) 790-7100

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁰⁵ EDAP²⁰⁶ PICU²⁰⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

²⁰⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁰⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Valley Presbyterian Hospital
Address: 15107 Vanowen Street
Van Nuys, CA 91405

Telephone Number: (818) 782-6600

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²⁰⁸ EDAP²⁰⁹ PICU²¹⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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²⁰⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: West Hills Hospital and Medical Center
Address: 7300 Medical Center Drive
West Hills, CA 91307

Telephone Number: (818) 676-4000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center²¹¹ EDAP²¹² PICU²¹³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

²¹¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Whittier Hospital Medical Center
Address: 9080 Colima Road
Whittier, CA 90605

Telephone Number: (562) 945-3561

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²¹⁴ EDAP²¹⁵ PICU²¹⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²¹⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Exodus Urgent Care Center @Martin
Luther King, Jr. Community Hospital
Address: 12021 Wilmington Avenue, Bldg. 10, Lot B
Los Angeles, CA 90059

Telephone Number: (562) 295-4617

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Behavior Health Center	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²¹⁷ EDAP²¹⁸ PICU²¹⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²¹⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Exodus Harbor-UCLA Medical Center
 Urgent Care Center

Address: 1000 Carson Street, Bldg. 2 South

 Torrance, CA 90502

Telephone Number: (424) 405-5888

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Behavior Health Center	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²²⁰ EDAP²²¹ PICU²²²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²²⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²²¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²²² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Exodus-Eastside Urgent Care Center
Address: 1920 Marengo Street
Los Angeles, CA 90605

Telephone Number: (323) 276-6402

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Behavior Health Center	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²²³ EDAP²²⁴ PICU²²⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²²³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²²⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²²⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: David L. Murphy Sobering Center
Address: 640 Maple Street
Los Angeles, CA 90014

Telephone Number: (213) 395-7705

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Sobering Center	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²²⁶ EDAP²²⁷ PICU²²⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²²⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²²⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²²⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2019**



Table 10 – RESOURCE DIRECTORY – Approved Training Programs

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2018-19**

Training Institution Name/Address		Program Director/Telephone Number
Alhambra Unified School District 1515 W Mission Road Alhambra, CA 91803		Name: Leann Huang Office: 626.943.6990 Fax: 626.308.2585 e-mail: hung_leann@ausd.us
Student Eligibility: Open to the general public 18 years of age and older	Cost of Program: Basic: unk Refresher: N/A	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 10/31/2022 Number of courses: Initial training: unk Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley College 3041 West Avenue K Lancaster, CA 93536		Name: Casey Scudmore Office: 661.722.6300 x6139 Fax: 661.722.6403 e-mail: csudmore@avc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2021 Number of courses: Initial training: unk Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley Unified High School District CTE 39055 25 th St West Lancaster, CA 93551		Name: Christy Chacon Office: 661.538.0304 x336 Fax: 661.538.0405 e-mail: cchacon@avhdsd.org
Student Eligibility: Adult Ed - Open to the public High School – In district students only	Cost of Program: Basic: \$550 High School - Free Refresher: n/a	<u>Program Level:</u> EMT Basic Number of students completing training per year: Initial training: 120 Refresher: 0 Expiration date: 12/31/2022 Number of courses: 4 Initial training: 82 Refresher: n/a

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210		Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org
Student Eligibility: Restricted to Beverly Hills Fire Department personnel or an adjunct provider of Beverly Hills Fire Dept	Cost of Program: Basic: n/a Refresher: no cost to student	<u>Program Level:</u> EMT Refresher Only Number of students completing training per year: Initial training: n/a Refresher: 87 Expiration date: 03/31/2022 Number of courses: Initial training: n/a Refresher: Cont. Education >12 hours (instructor based)

Training Institution Name/Address		Program Director/Telephone Number
Burbank Fire Department 311 E. Orange Grove Avenue Burbank, CA 91502		Name: Jeffrey Cortina (pending new PD) Office: 818.238.3453 Fax: 818.238.3483 e-mail: jcortina@burbankca.gov
Student Eligibility: Restricted to Burbank Fire Department personnel	Cost of Program: Basic: n/a Refresher: no cost to student	<u>Program Level:</u> EMT Refresher Only Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 5/31/2021 Number of courses:12 (monthly classes) Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
California Advancing Pathways for Students (CalAPS) 16703 S Clark Avenue Bellflower, CA 90706		Name: Lisa Azevedo Office: 562.866.9011 x2184 Fax: n/a e-mail: lazevedo@busd.k12.ca.us
Student Eligibility: High school seniors enrolled in the CalAPS program	Cost of Program: Basic: \$0 Refresher: n/a	Program Level: EMT Basic Number of students completing training per year: Initial training: 16 Refresher: 0 Expiration date: 8/31/2022 Number of courses: 2 Initial training: 2 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
California Institute of EMT 2669 Myrtle Avenue, #201 Long Beach, CA 90755		Name: Matthew Goodman Office: 562.989.1520 Fax: 562.989.9015 e-mail: admin@ciemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1099/1295 Refresher: \$210	Program Level: EMT Number of students completing training per year: Initial training: 500-600 Refresher: 100-120 Expiration date: 2/28/2021 Number of courses: Initial training: 22 Refresher: 6

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
California State University – Long Beach 6300 State University Drive, Foundation Suite 104 Long Beach, CA 90815		Name: Peter Kreysa Office: 562.985.8839 Fax: 562.985.8449 e-mail: peter.kreysa@csulb.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 9/30/2023 Number of courses: Initial training: unk Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Citrus College 1000 West Foothill Blvd Glendora, CA 91741		Name: Cliff Hadsell Office: 626.914.8755 Fax: 626.914.8724 e-mail: chadsell@citruscollege.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: unk	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2021 Number of courses: Initial training: unk Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
College of the Canyons 26455 Rockwell Canyon Road Santa Clarita, CA 91355-1899 www.canyons.edu/		Name: Patti Haley Office: 661.362.5804 Fax: n/a e-mail: patti.haley@canyons.edu
Student Eligibility: Open to the general public Must be 18 years of age the first day class meets	Cost of Program: Basic: College tuition for 9.5 units (currently \$46/per unit) plus additional college fees (i.e. Parking, ASG) See COC website for additional information. Additional costs for background check (\$48), fire card \$59, Drug test \$59, physical, immunizations, titers, uniforms, and textbooks. Refresher: Currently \$46/unit plus college fees – (2 unit course)	Program Level: EMT Number of students completing training per year: Initial training: 132 Refresher: 19 Expiration date: 3/31/2022 Number of courses: Initial training: 9 Refresher: 2
Training Institution Name/Address		Program Director/Telephone Number
Downey Adult School 12340 Woodruff Avenue Downey, CA 90241		Name: Mariana Pacheco Office: 562.940.6277 Fax: 562-940-6221 e-mail: mpacheco@das.edu
Student Eligibility: Open to the general public 18 years of age or older High School Diploma	Cost of Program: Basic: \$1,199 Refresher: \$299	Program Level: EMT Number of students completing training per year: Initial training: 63 Refresher: 0 Expiration date: 1/31/2020 Number of courses: Initial training: 3 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754		Name: Cheryl Pittman Office: 323.267.3793 Fax: 323.265.8619 e-mail: pittmacl@elac.edu or emtlac@gmail.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$368 Refresher: n/a	Program Level: EMT Basic Number of students completing training per year: Initial training: 26 Refresher: n/as Expiration date: 1/31/2024 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
East San Gabriel Valley ROP and Technical Center 1501 West Del Norte Street West Covina, CA 91790		Name: Brian Richling Office: 626.472.5136 Fax: n/a e-mail: brichling@esgvrop.org
Student Eligibility: Open to the general public	Cost of Program: Basic: \$5,328 Refresher: ---	Program Level: EMT Number of students completing training per year: Initial training: 35 Refresher: 0 Expiration date: 3/30/2023 Number of courses: 3 Initial training: 35 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		Name: Ryan Carey Office: 310-660-3600 Fax: 310.660.3106 e-mail: rcarey@elcamino.edu
Student Eligibility: Open to El Camino enrolled students BLS for Healthcare Provider Background check	Cost of Program: Basic: unk Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 1/31/2024 Number of courses: Initial training: unk Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208		Name: Abraham Baca Office: 818.240.1000 x3090 Fax: e-mail: abaca@glendale.edu
Student Eligibility: Open to the general public	Cost of Program: \$46/unit Basic: \$391 + Misc. costs (uniforms, immunizations, text books) Refresher: \$69/unit + Misc. costs (college fees & text books)	Program Level: EMT Basic and Refresher Number of students completing training per year: 125 Initial training: Refresher: Expiration date: 1/30/2024 Number of courses: 2 Initial training: 1 Refresher: 1

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Glendale Fire Department 420 Oak Street Glendale, CA 91204		Name: Vince Rifino (retired) Office: 818.550.5632 Fax: 818.409.7111 e-mail: vrifino@glendaleca.gov
Student Eligibility: Restricted to City of Glendale Fire Department	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 9/31/2021 Number of courses: Initial training: 0 Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
Long Beach City College 4901 East Carson St. Long Beach, CA 90808		Name: Andy Reno Office: 562.938.4111 Fax: e-mail: Andrew.reno@longbeach.gov
Student Eligibility: Open to the general public	Cost of Program: Basic: \$350 Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 23 Refresher: 0 Expiration date: 7/31/2023 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Long Beach Fire Department 3205 N. Lakewood Blvd Long Beach, CA 90808-1733		Name: Andy Reno Office: 562.570.2547 Fax: 562.570.2556 e-mail: andrew.reno@longbeach.gov
Student Eligibility: Restricted to Long Beach City employees	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Basic and Refresher Number of students completing training per year: Initial training: 0 Refresher: 56 Expiration date: 11/30/2023 Number of courses:3 Initial training: 0 Refresher: 3

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles City Fire Department 1700 Stadium Way, Room 243 Los Angeles, CA 90012		Name: Sean Welch Office: 213.893.9869 Fax: e-mail: sean.welch@lacity.org
Student Eligibility: Restricted to active LAFD members	Cost of Program: Basic: n/a Refresher: no cost to student	Program Level: EMT Refresher only Number of students completing training per year: Initial training: n/a Refresher: 0 Expiration date: 10/31/2023 Number of courses: 0 Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department – EMS Section 1255 Corporate Center Dr Monterey Park, CA 91754		Name: Paula LaFarge Office: 323.267.7173 Fax: e-mail: paula.lafarge@fire.lacounty.gov
Student Eligibility: Restricted to Los Angeles County Fire Department personnel	Cost of Program: Basic: no cost to the student Refresher: No cost to the student	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 87 Expiration date: 03/31/2024 Number of courses: Initial training: 4 Refresher: 2

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department - Lifeguard Division 2600 The Strand Manhattan Beach, CA 90266		Name: Brian Lanich Office: 310.939.7209 Fax: 310.545.4280 e-mail: brian.lanich@fire.lacounty.gov
Student Eligibility: Los Angeles County Fire Department Lifeguard Division personnel or partner agency personnel in Los Angeles County	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 12/31/2020 Number of courses: Initial training: 0 Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Sheriff’s Department 4700 Ramona Blvd, Room 234 Monterey Park, CA 91754		Name: Janet Henderson Office: 818.219.7581 Fax: e-mail: janhende@yahoo.com
Student Eligibility: Los Angeles County Sheriff Department employees	Cost of Program: Basic: n/a Refresher: No cost to student	<u>Program Level:</u> EMT Refresher Number of students completing training per year: Initial training: 0 Refresher: 50 Expiration date: 3/31/2023 Number of courses: Initial training: 0 Refresher: 3

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Harbor College Division of Nursing and Health Sciences 1111 Figueroa Place Wilmington, CA 90744-2397		Name: Joan Lockwood Office: 310.233.4362 Fax: 310.233.4683 e-mail: jlockwood@lahc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$900 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 9/30/2022 Number of courses: Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91320		Name: Alan R. Cowen Office: 818.947.2982 Fax: e-mail: cowenar@lavc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$368 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 69 Refresher: 0 Expiration date: 11/30/2020 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue Walnut, CA 91789		Name: Benjamin Vu Office: 909.274.5785 Fax: e-mail: bvu8@mtsac.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: ~\$600 (books and uniform) Refresher: Not offered	<u>Program Level:</u> EMT Basic Number of students completing training per year: Initial training: 216 Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: 6 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, B28-B Walnut, CA 91789		Name: David Mah Office: 909.274.5051 Fax: e-mail: dmah2@mtsac.edu
Student Eligibility: Application process with Fisdap entrance exam. Pre-requisite EMS-1 Open to the general public	Cost of Program: Basic: \$4329.00 Refresher: N/A	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: 29 Refresher: 0 Expiration date: 12/31/2020 Number of courses: 6 Initial training: 6 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, CA 91345		Name: Refugio Rios Office: 818.256.1319 Fax: 818.365.2695 e-mail: rxr1167@lausd.net
Student Eligibility: Open to the general public	Cost of Program: Basic: \$140 Refresher: No Cost to the student	<u>Program Level:</u> EMT Number of students completing training per year: 74 Initial training: 61 Refresher: 13 Expiration date: 10/31/2022 Number of courses: 6 Initial training: 4 Refresher: 2

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County EMS Agency - Paramedic Training Institute 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670		Name: Mark Ferguson Office: 562.347.1571 Fax: 562.941.5835 e-mail: maferguson@dhs.lacounty.gov
Student Eligibility: Open to the general public Must be enrolled at El Camino College Contact PTI for additional requirements	Cost of Program: Basic: \$1800 Refresher: n/a	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: 89 Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Pasadena City College 3035 E Foothill Blvd, B-6 Pasadena, CA 91107		Name: Barry Jensen Office: 626.585.3062 Fax: e-mail: bjensen4@pasadena.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$332 plus books and materials Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 331 Refresher: 0 Expiration date: 04/30/2024 Number of courses: Initial training: 12 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Pasadena Fire Department 215 N Marengo Avenue #195 Pasadena, CA 91101		Name: Theodor Ecklund Office: 626.793.0074 Fax: 626.356.0074 e-mail: tecklund@cityofpasadena.net
Student Eligibility: Restricted to City of Pasadena Fire Department personnel	Cost of Program: Basic: n/a Refresher: no cost to student	<u>Program Level:</u> EMT Refresher Number of students completing training per year: Initial training: 0 Refresher: 142 Expiration date: 1/31/2022 Number of courses: Initial training: 0 Refresher: 5

Training Institution Name/Address		Program Director/Telephone Number
Rio Hondo Community College 11400 Greenstone Avenue Santa Fe Springs, CA 90670		Name: Scott Jaeggi Office: 562.941.4082 Fax: 562.941.7382 e-mail: sjaeggi@riohondo.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 3/31/2022 Number of courses: Initial training: unk Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Catherine Borman Office: 310-458-4929 Fax: 310-828-3571 e-mail: catherine.borman@smgov.net
Student Eligibility: Restricted to Santa Monica Fire Department personnel	Cost of Program: Basic: n/a Refresher: not cost to the student	<u>Program Level:</u> EMT Refresher Number of students completing training per year: 6 Initial training: 0 Refresher: 1 Expiration date: 3/31/2022 Number of courses: Initial training: 0 Refresher: 1

Training Institution Name/Address		Program Director/Telephone Number
Southern California Regional Occupational Center (SCROC) 2300 Crenshaw Blvd Torrance, CA 90501		Name: Atlas Helaire Office: 310.224.4222 Fax: 310.320.1029 e-mail: drhelaire@scroc.k12.ca.us
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: unk Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Torrance Fire Department 1701 Crenshaw Blvd Torrance, CA 90501		Name: Mike Hansen Office: 310.781.7033 Fax: e-mail: mhansen@torranceca.gov
Student Eligibility: Restricted to Torrance Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 3/31/2022 Number of courses: Initial training: 0 Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534		Name: Emmanuel Godinez Office: 661.726.1911 x143 Fax: 661.726.5158 e-mail: emmanuel.godinez@uav.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1,900 Refresher: \$165	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 132 Refresher: 120 Expiration date: 7/31/2024 Number of courses: Initial training: 8 Refresher: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534		Name: Emmanuel Godinez Office: 661.726.1911 x143 Fax: 661.951.5158 e-mail: emmanuel.godinez@uav.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$16,600 Refresher: n/a	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: 46 Refresher: 0 Expiration date: 7/31/2024 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
UCLA Center for Prehospital Care 1083 Gayle Avenue Los Angeles, CA 90024 & 5220 Pacific Concourse Dr, Suite 135, Los Angeles, CA 90045		Name: Michael Kaduce Office: 310.267-5959 Fax: 310.312.9322 e-mail: mkaduce@mednet.ucla.edu
Student Eligibility: Open to the general public who are 18 years old	Cost of Program: Basic: \$1595 Refresher: \$245	<u>Program Level:</u> EMT Basic and Refresher Number of students completing training per year: Initial training: 976 Refresher: 504 Expiration date: 10/31/2022 Number of courses: Initial training: Refresher:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

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Training Institution Name/Address		Program Director/Telephone Number
UCLA Paramedic Education 52220 Pacific Concourse Drive, Suite 135 Los Angeles, CA 90045		Name: Heather Davis Office: 310.680.1101 Fax: 310.297.2020 e-mail: hdavis@mednet.ucla.edu
Student Eligibility: Open to general public	Cost of Program: Basic: \$10,000 – tradition \$16000 - hybrid Refresher: \$350	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: unk Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
West Coast EMT 1009 Torrance Blvd Redondo Beach, CA 90277		Name: Matt Horan Office: 714-558-9604 Fax: e-mail: matt@westcoastemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: unk	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 7/31/2021 Number of courses: Initial training: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

		Refresher:
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Training Institutions noted by yellow highlight failed to provide the requested information after repeated requests.



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2019-2020)



Table 11 – RESOURCE DIRECTORY – Public Dispatch Agencies

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2019-2020**

Note: Complete information for each facility by county. Make copies as needed.

Name & Address: OPERATED by LA County Fire Avalon Fire Department P.O. Box 707 Avalon, CA 90704		Primary Contact & Phone Number: Michael Krug Fire Chief 310.510.0203 x205	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___97___ EMD ___14___ EMT-D ___ ___ ALS ___ ___ BLS ___ ___ LALS ___ ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Beverly Hills Police Department 464 North Rexford Drive Beverly Hills CA 90210			Primary Contact & Phone Number: Dona Noris Communications Manager 310.288.2634		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(Note: BHPD Dispatch utilizes PowerPhone as its EMS product and receives oversight through Dr Angelique Campen.)</i>	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Culver City Fire Department- MERGED WITH SBRCC 9770 Culver Boulevard Culver City, CA 90232			Primary Contact & Phone Number:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Downey Fire Dispatch Center, “Downey Dispatch” 12222 Paramount Blvd. Downey, CA 90242			Primary Contact & Phone Number: Tracy Gonzales Fire Communication Supervisor 562.299.5413 Tracy.Gonzales@areaefire.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>11</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Merged with LA County Fire La Verne Police Department 2061 3 rd Street La Verne, CA 91750			Primary Contact & Phone Number:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD <u>1</u> EMT-D <u>30</u> ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063			Primary Contact & Phone Number: Tony Ramirez Assistant Fire Chief 323.881.2370 Tony.Ramirez@fire.lacounty.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Los Angeles Fire Department – Metro Fire Communications 500 E. Temple Street Los Angeles, CA 90012			Primary Contact & Phone Number: Carlos Calvillo Assistant Fire Chief 213.576.8900 Carlos.Calvillo@lacity.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Long Beach Fire Disaster Prep Communications 2990 Redondo Avenue Long Beach, CA 90808			Primary Contact & Phone Number: Dan Cunningham 562.570.9470		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 31 _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Redondo Beach Police/Fire Communications Center 401 Diamond Street Redondo Beach, CA 90277 310-379-2477			Primary Contact & Phone Number: Jason Kilpatrick Communications Supervisor 310.374.0287 Jason.Kilpatrick@redondo.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 12 _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Santa Monica Public Safety Communications 333 Olympic Drive, 2 nd Floor Santa Monica, CA 90401			Primary Contact & Phone Number: Lindsay Call Officer, OEM 310.864-4183 Lindsay.Call@smgov.net		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: South Bay Regional Public Communications Authority 4440 W. Broadway Hawthorne, CA 90250			Primary Contact & Phone Number: Shannon Kauffman 310.973.1802 x102 skauffman@rcc911.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Torrance Police Department 3300 Civic Center Drive Torrance, CA 90503			Primary Contact & Phone Number: Lieutenant Jeremiah Hart 310.618.5673 jhart@torranceca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 14 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Verdugo Fire Communications Center 421 Oak Street Glendale, CA 91204			Primary Contact & Phone Number: Battalion Chief Phil Ambrose 818.548.5668 pambrose@glendaleca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: West Covina Fire Department 1444 W. Garvey Avenue West Covina, CA 91790			Primary Contact & Phone Number: Kim West 626.939.8519 Kim.west@wcpd.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ Uses Powerphone and their medical director	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: All Town Ambulance, LLC 13812 Saticoy Street Panorama City, CA 91401-6520		Primary Contact & Phone Number: Giovanni Chiarella Operations Manager 877.599.4282 gchiarella@republic-ems.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>3</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>2</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Antelope Ambulance Service, Inc. 42540 North 6 th Street East Lancaster, CA 93535		Primary Contact & Phone Number: Andrew Nieto Dispatch Manager 661.951.1998 emd.nieto@yahoo.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>10</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>2</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Ambulife Ambulance, Inc. 6644 Van Nuys Boulevard #B Van Nuys, CA 91405		Primary Contact & Phone Number: Alec Robinson General Manager 877.557.7888 operationsambulife@gmail.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>6</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Ambulnz Health, LLC 1059 East Bedmar Street Carson, CA 90746-3160		Primary Contact & Phone Number: Kris Thomas, General Manager 818.643.6205 kthomas@ambulnz.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>20</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Ambuserve, Inc. dba: Shoreline Ambulance 15105 South Broadway Avenue Gardena, CA 90248-1821		Primary Contact & Phone Number: Anthony Sanchez Dispatch Supervisor 310.644.0500 anthonys@ambuserve.net	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>12</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: American Medical Response Los Angeles County Division 5257 North Vincent Avenue Irwindale, CA 91706		Primary Contact & Phone Number: Aaron Sundstrom, Communications Manager 562.362.1975 aaron.sundstrom@amr.net	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private dispatch center that through a County Agreement, dispatches BLS transport ambulances with the local 9-1-1 jurisdictional provider.) Number of Personnel Providing Services: <u>15</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>15</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: American Professional Ambulance Corp. 16945 Sherman Way Van Nuys, CA 90746		Primary Contact & Phone Number: Lance Lawson Operations Manager 818.996.2200 Ext.109 lance@apa-ems.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>12</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Americare Ambulance 1059 East Bedmar Street Carson, CA 90746-3160		Primary Contact & Phone Number: Kris Thomas, General Manager 866.262.8569 kthomas@ambulnz.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>4</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> City <input type="checkbox"/> Fire District <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Amwest, Inc. dba: Amwest Ambulance 7650 Lankershim Boulevard North Hollywood, CA 91605-2813			Primary Contact & Phone Number: Brandon Zeledon Director of Operations 818.859.7999 brandon@amwestsecure.com		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>6</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Care Ambulance Service, Inc. 1517 West Braden Court Orange, CA 92686-3534			Primary Contact & Phone Number: Ben Baker Communications Manager 714.288.3800 benb@careambulance.net		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private dispatch center that through a County Agreement, dispatches BLS transport ambulances with the local 9-1-1 jurisdictional provider.) Number of Personnel Providing Services: <u>25</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>10</u> Other (ETC)		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: California Medical Response, Inc. Cal-Med Ambulance 1557 Santa Anita Avenue South El Monte, CA 91733		Primary Contact & Phone Number: Jeff Twycross General Manager 562.968.1818 gm@calmedambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>8</u> EMD _____ EMT-D _____ ALS <u>2</u> BLS _____ LALS <u>10</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: DiBiassi, Inc. Southern California Ambulance 5365 Alhambra Avenue Los Angeles, CA 90032		Primary Contact & Phone Number: Jack Feria General Manager 877.214.5263 jferia@socalambu.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>3</u> EMD _____ EMT-D _____ ALS <u>2</u> BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Eastwestproto, Inc. Lifeline Ambulance 1120 South Maple Avenue Montebello, CA 90640		Primary Contact & Phone Number: Daniel Santillan General Manager 800.700.9344 dsantillan@lifeline-ems.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>12</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Emergency Ambulance Service, Inc. 3200 East Birch Street, Suite A Brea, CA 92821-6287		Primary Contact & Phone Number: Chad Druten General Manager 714.990.1742 chaddruten@emergencyambulance.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>2</u> EMD _____ EMT-D _____ ALS <u>2</u> BLS _____ LALS <u>3</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Explorer-1 Ambulance & Medical Services, LLC 1040 East Compton Boulevard Compton, CA 90221-3306		Primary Contact & Phone Number: Sultan Mohammed EMS Operations Chief 310.537.3971 mohamed.scpt@yahoo.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 2 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Firstmed Ambulance Services, Inc. 8630 Tamarack Avenue Sun Valley, CA 91352		Primary Contact & Phone Number: Greg Moore Communications Manager 818.982.8333 gmoore@firstmedambulamce.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 7 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: First Rescue Ambulance, Inc. 5220 Fourth Street, Unit 18 Irwindale, CA 91706		Primary Contact & Phone Number: Reto Wink General Manager 626.338.2273 retow@firstrescueambulanceinc.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>3</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>3</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Guardian Ambulance Service, Inc. 123 Bellevue Drive, Suite 4 Pasadena, CA 91105		Primary Contact & Phone Number: Matt Armstrong General Manager 626.405.8848 matt@guardianambulance.net	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>5</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Liberty Ambulance, LLC 9441 Washburn Road Downey, CA 90242-4536			Primary Contact & Phone Number: Luis Arreola Dispatch Manager (562) 741-6230 larreola@libertyambulance.com		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS <u> 2 </u> BLS _____ LALS <u> 7 </u> Other (ETC)		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Filyn Corporation Lynch EMS 2950 East La Jolla Street Anaheim, CA 92806			Primary Contact & Phone Number: Greg Heinze Director of Operations (714) 632-0225 gheinze@lynch-ems.com		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 5 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 5 </u> Other (ETC)		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Mauran Ambulance Service 1211 First Street San Fernando, CA 91430		Primary Contact & Phone Number: Andrew Ramirez Operations Manager 818.365.3182 andrew@mauranambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 2 </u> EMD <u> </u> EMT-D <u> </u> ALS <u> 2 </u> BLS <u> </u> LALS <u> </u> Other(ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: MedCoast Ambulance Service 14325 Iseli Road Santa Fe Springs, CA 90670		Primary Contact & Phone Number: Trevor Stonum General Manager 866.926.9990 trevor@medcoastambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 5 </u> EMD <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> 2 </u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: MedReach, Inc. 3453 Kona Drive Rancho Dominguez, CA 90220			Primary Contact & Phone Number: Robert Aragon Director of Operations 310.868.5103 robertaragon@medreachambulance.com
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>6</u> EMD _____ EMT-D _____ ALS <u>2</u> BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: MedResponse, Inc. 1059 East Bedmar Street Carson, CA 90746-3160			Primary Contact & Phone Number: Kris Thomas, General Manager 866.262.8569 kthomas@ambulnz.com
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>4</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Premier Medical Transport, Inc. 530 North Puente Street Brea, CA 92821			Primary Contact & Phone Number: Rikin Patel Director of Operations 888.353.9556 operations@premiermedicaltransport.com		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>5</u> EMD _____ EMT-D _____ ALS <u>2</u> BLS _____ LALS _____ Other (ETC)		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: PRN Ambulance, Inc. 8928 Sepulveda Boulevard North Hills, CA 91343			Primary Contact & Phone Number: Christine Miyahara Communications Manager 818.810.3626 christine@prnambulance.com		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>10</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>10</u> Other (ETC)		
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Rescue One Ambulance, Corporation 15335 Illinois Avenue Paramount, CA 90723		Primary Contact & Phone Number: Andrew Boulos CEO 877.421.1801 andrew@roa7.info	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>6</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Rescue Services International, Ltd. Medic-1 Ambulance 12806 Schabarum Ave # A Irwindale, CA 91706		Primary Contact & Phone Number: Robert Ower, General Manager 626.385.0440 ext. 112 rower@rsiamb.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>4</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Royalty Ambulance Services, Inc. 13235 North San Fernando Road, Building 6 Los Angeles, CA 90065		Primary Contact & Phone Number: Sean Grimes Director of Operations 818.550.5833 sgrimes@royaltyambulance.com	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 3 </u> EMD _____ EMT-D _____ ALS <u> 2 </u> BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Schaefer Ambulance Service 4627 West Beverly Boulevard Los Angeles, CA 90004		Primary Contact & Phone Number: Albert Cisneros Operations Manager 800.966.4727 sasalbertc@yahoo.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private dispatch center that through a County Agreement, dispatches BLS transport ambulances with the local 9-1-1 jurisdictional provider.) Number of Personnel Providing Services: <u> 18 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 10 </u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Star Medical Transportation, Inc. 350 Crenshaw Boulevard, Suite A202 Torrance, CA 90503		Primary Contact & Phone Number: Jamal Brown President 310.532.3200 jhnic07@gmail.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 2 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Symons Ambulance 18592 Cajon Boulevard San Bernardino, CA 92407		Primary Contact & Phone Number: Ryan Merchant General Manager 909.880.2979 rmerchant@symonsambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 6 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Trinity Ambulance and Medical Transportation, LLC 8205 Somerset Boulevard Paramount, CA 90723		Primary Contact & Phone Number: Eduardo Garcia General Manager 562.677.1003 eduardo@trinityambulance.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 2 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u> 1 </u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Viewpoint Ambulance, Inc. 1341 North Miller Street, Suite 209 Anaheim, CA 92806		Primary Contact & Phone Number: James Oh Vice President of Operations 888.202.6500 vpjamesoh@gmail.com	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u> 4 </u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: West Coast Ambulance, Inc. 647 W Avenue L14 Lancaster, CA 93534		Primary Contact & Phone Number: Humberto Ramirez Division Manager 800.880.0556 wcaramirez@yahoo.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>4</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>3</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Westmed Ambulance, Inc. McCormick Ambulance Service 2020 South Central Avenue Compton, CA 90220		Primary Contact & Phone Number: Mike Jones Operations Manager 888.349.8944 mjones@mccormickambulance.com	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	(Note: This company is a private inter-facility dispatch center that schedules non-emergency transports.) Number of Personnel Providing Services: <u>15</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS <u>10</u> Other (ETC)
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

SUBJECT: **PUBLIC PROVIDER AGENCY DIRECTORY**

REFERENCE NO. 401

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Alhambra Fire Department 301 North First Street Alhambra, California 91801 (626) 570-5190 http://www.cityofalhambra.org	AH	Public	X	X	X	
Arcadia Fire Department 710 South Santa Anita Avenue Arcadia, California 91006 (626) 574-5112 http://www.ci.arcadia.ca.us	AF	Public	X	X	X	
Avalon Fire Department P.O. Box 707 Avalon, California 90704 (310) 510-0203 http://www.cityofavalon.com/	AV	Public	X			
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, California 90210 (310) 281-2700 www.beverlyhills.org	BH	Public	X	X	X	
Burbank Fire Department 311 East Orange Grove Avenue Burbank, California 91502 (818) 238-3473 www.burbankfire.us	BF	Public	X	X	X	
Compton Fire Department 201 South Acacia Avenue Compton, California 90220 (310) 605-5670 www.comptoncity.org	CM	Public	X	X		
Culver City Fire Department 9770 Culver Boulevard Culver City, California 90232 (310) 253-5900 www.culvercity.org	CC	Public	X	X	X	

EFFECTIVE 03-31-97
 REVISED: 01-23-2020
 SUPERSEDES: 01-01-2020

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Downey Fire Department 11111 Brookshire Avenue Downey, California 90241 (562) 904-7301 www.downeyca.org	DF	Public	X	X	X	
El Segundo Fire Department 314 Main Street El Segundo, California 90245 (310) 524-2395 www.elsegundo.org/depts/fire	ES	Public	X	X	X	
Glendale Fire Department 421 Oak Street Glendale, California 91204 (818) 548-4812 www.glendalefire.org	GL	Public	X	X	X	
La Habra Heights Fire Department 1245 North Hacienda Boulevard La Habra Heights, California 90631 (562) 694-8283 http://www.la-habra-heights.org/	LH	Public	X	X		
La Verne Fire Department 2061 Third Street La Verne, California 91750 (909) 596-5991 www.ci-la-verne.ca.us	LV	Public	X	X	X	

Long Beach Fire Department 3205 Lakewood Boulevard Long Beach, California 90808 (562) 570-2500 http://www.longbeach.gov/fire/	LB	Public	X	X	X	Boat
Los Angeles Fire Department 200 North Main St Los Angeles, California 90012 (213) 485-7153 www.lafd.org	CI	Public	X	X	X	EMS Aircraft Service Bicycle Units ALS Boat

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Los Angeles County, Department of Parks and Recreation – Lake Lifeguards 32132 Castaic Lake Road Castaic, California 91384 (805) 257-4050 www.fire.lacounty.gov	PA	Public				Castaic Lake, Frank G. Bonelli Regional Park and Santa Fe Dam Response Only
Los Angeles County Fire Department, Lifeguard Division 2300 Ocean Front Walk Venice, California 90291 (310) 939-7203 www.fire.lacounty.gov	CF	Public	X	X	X	Operate under LACoFD EMS Division Marina del Rey Boat Catalina Baywatch Avalon and Isthmus
Los Angeles County Fire Department, EMS Division 5801 South Eastern Avenue Los Angeles, California 90040 (323) 838-2212 www.fire.lacounty.gov	CF	Public	X	X	X	EMS Aircraft Service
Los Angeles County Sheriff's Department - ESD 1060 North Eastern Avenue Los Angeles, California 90063 (323) 881-7800 www.lasd.org	CS	Public	X	X		EMS Aircraft Service ALS Boat

Manhattan Beach Fire Department 400 15th Street Manhattan Beach, California 90266 (310) 802-5203 www.ci.manhattan-beach.ca.us	MB	Public	X	X	X	
Monrovia Fire Department 415 South Ivy Avenue Monrovia, California 91016 (626) 256-8100 www.ci.monrovia.ca.us	MF	Public	X	X	X	
Montebello Fire Department 600 North Montebello Boulevard Montebello, California 90640 (323) 887-4510 http://www.cityofmontebello.com/	MO	Public	X	X	X	

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Monterey Park Fire Department 320 West Newmark Avenue Monterey Park, California 91754 (626) 307-1270 http://www.ci.monterey-park.ca.us/	MP	Public	X	X	X	
Pasadena Fire Department 215 North Marengo Avenue, Suite 195 Pasadena, California 91101 (626) 744-4655 www.ci.pasadena.ca.us	PF	Public	X	X	X	Bicycle Units Polaris Carts
Redondo Beach Fire Department 401 South Broadway Street Redondo Beach, California 90277 (310) 318-0663 www.redondo.org/depts/fire	RB	Public	X	X	X	

San Gabriel Fire Department 1303 South Del Mar Avenue San Gabriel, California 91776 (626) 308-2880 www.sangabrielcity.com	SG	Public	X	X	X	
San Marino Fire Department 2200 Huntington Drive San Marino, California 91108 (626) 300-0735 http://www.cityofsanmarino.org/fire.htm	SA	Public	X	X		
Santa Fe Springs Fire Rescue 11300 Greenstone Avenue Santa Fe Springs, California 90670 (562) 944-9713 http://www.santafesprings.org/	SS	Public	X	X	X	
Santa Monica Fire Department 333 Olympic Drive Santa Monica, California 90401 (310) 458-8651 www.santamonicafire.org	SM	Public	X	X	X	

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Sierra Madre Fire Department 232 West Sierra Madre Boulevard Sierra Madre, California 91024 (626) 355-1401 http://www.cityofsierramadre.com/	SI	Public	X	X	X	
South Pasadena Fire Department 817 Mound Avenue South Pasadena, California 91030 (626) 403-7300 www.ci.south-pasadena.ca.us	SP	Public	X	X	X	

<p>Torrance Fire Department 1701 Crenshaw Boulevard Torrance, California 90501 (310) 781-7000 www.ci.torrance.ca.us</p>	TF	Public	X	X	X	
<p>U.S. Forest Service 110 North Wabash Glendora, California 91741 (626) 335-1251 http://www.fs.usda.gov/angeles</p>	FS	Public				
<p>Vernon Fire Department 4305 Santa Fe Avenue Vernon, California 90058 (323) 583-4821 www.cityofvernon.org</p>	VF	Public	X	X		
<p>West Covina Fire Department 1444 West Garvey Avenue West Covina, California 91790 (626) 939-8824 www.westcov.org</p>	WC	Public	X	X	X	

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

SUBJECT: **LICENSED AMBULANCE AND EMS AIRCRAFT OPERATORS**

REFERENCE NO. 401.1

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	SPECIALTY CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
All Town Ambulance, LLC 13812 Saticoy Street Panorama City, CA 91401 877.599.4282 www.alltownambulance.com	AT		X	X	X	877.599.4282	
AmbuLife Ambulance, Inc. 6644 Van Nuys Blvd. #B Van Nuys, CA 91405 877.557.7888	AB		X			877.557.7888	
Ambulnz Health, Inc. (Formerly Impulse Ambulance) 1151 South Boyle Avenue Los Angeles, CA 90023 818.982.3500 www.ambulnz.com	AZ		X	X	X	877.311.5555	
AmbuServe Inc., 15105 S. Broadway Avenue Gardena, CA 90248 310.644.0500 www.ambuserveambulance.com	AU		X	X	X	310.644.0500	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	SPECIALTY CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
American Medical Response Los Angeles County Division 12634 Saticoy Street South North Hollywood, CA 91605 626.633.4612 www.amr.net	AR	EOA 1	X	X	X	877.808.2100	
American Professional Ambulance Corp. 16945 Sherman Way Van Nuys, CA 90746 818.996.2200 www.apa-ems.com	AA		X	X	X	888.703.3500	
AmWest, Inc. dba AmWest Ambulance 7650 Lankershim Blvd. North Hollywood, CA 91605 818.859.7999 www.AmwestAmbulance.com	AW		X	X	X	818.859.7999	
Antelope Ambulance Service 42540 N. 6 th Street East Lancaster, CA 93535 (661) 951-1998 www.antelopeamb.com	AN		X	X		661.951.1998	
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 714.288.3800 www.careambulance.net	CA	EOA 2, 3, 4, 5	X	X	X	562.531.1700 626.449.2273 323.469.1234 310.777.0389	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	SPECIALTY CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
California Medical Response, Inc. dba Cal-Med Ambulance 1557 Santa Anita Avenue South El Monte, CA 91733 562.968.1818 www.calmedambulance.com/	CL		X	X	X	562.968.1818	
College Coastal Care, LLC 1745 Pacific Avenue Long Beach, CA 90806 562.997.2020	CO		X			562.997.2020	
EastWestProto, Inc. LifeLine Ambulance 1120 South Maple Avenue Montebello, CA 90640 800.700.9344 www.lifeline-ems.com/	LE		X		X	800.700.9344	Currently allowed to operate as a CCT provider pending CCT application approval.
Emergency Ambulance Service, Inc. 3200 East Birch Street, Suite A Brea, CA 92821 714.990.1742 www.emergencyambulance.com	EA		X		X	800.400.0689	
Explorer 1 Ambulance and Medical Services, LLC. 1040 E. Compton Blvd. Compton, CA 90221 310.53.3971 www.explorer1ambulance.com	EX		X			310.537.3971	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	SPECIALTY CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
FirstMed Ambulance Services, Inc. 8630 Tamarack Avenue Sun Valley, CA 91352 818.982.8333 www.firstmedambulance.com	FM		X	X	X	800.608.0311	
First Rescue Ambulance, Inc. 5220 Fourth Street, Unit 18 Irwindale, CA 91706	FC		X			626.338.2273	
Go Green Ambulance, Corporation 23679 Calabasas Road, #6 Calabasas, CA 91302-1502 818.600.2579	GG		X			818.600.2579	
Guardian Ambulance Service 12121 Barringer St. South El Monte, CA 91733 626.405.8848 www.guardianambulance.org	GU		X	X		626.405.8848	
Liberty Ambulance Service 9441 Washburn Road Downey, CA 90242 562.741.6230 http://libertyambulance.com	LT		X	X	X	562.741.6230	
Filyn Corporation dba Lynch EMS 2950 East La Jolla Street Anaheim, CA 92806 800.347.3262 www.lynchambulance.com	LY		X			800.347.3262	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	SPECIALTY CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Journey via Gurney, LLC. dba Journey Ambulance 8116 Byron Road, Suite C Whittier, California 90606 www.journeyems.com	JA		X			887.262.4838	
Mauran Ambulance Service 1211 First Street San Fernando, CA 91430 818.365.3182 www.mauranambulance.com	MA		X			866.926.9990	
MedCoast Ambulance Service 14325 Iseli Road Santa Fe Springs, CA 90670 866.926.9990 www.medcoastambulance.com	MT		X		X	866.926.9990	
MedReach Ambulance 1303 Kona Drive Rancho Dominguez, CA 90220 310.781.9395 www.medreachambulance.com	MR		X			800.788.3440	
MedResponse, Inc. dba MedResponse 1151 South Boyle Avenue Los Angeles, CA 90023 818.982.3500 www.ambulnz.com	MI		X	X	X	888.633.3333	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	SPECIALTY CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Premier Medical Transport, Inc. 260 North Palm Street, Suite 200 Brea, CA 92821 888.353.9556 www.premiermedicaltransport.com	PE		X		X	888.353.9556	
PRN Ambulance, Inc. 8928 Sepulveda Boulevard North Hills, CA 91343 323.888.7750 www.prnambulance.com	PN		X	X	X	866.776.4262	Provides ambulette (van) transportation also.
Rescue Services International, Ltd. dba Medic-1 Ambulance 12806 Schabarum Avenue Irwindale, CA 91706-2074 https://rsiamb.com	RR		X	X	X	800.814.1160	
Royalty Ambulance Services, Inc. 13235 N. San Fernando Road, Bldg. 6 Los Angeles, CA 90065 818.550.5833 www.royaltyambulance.com	RY		X	X	X	877.703.6111	
DiBiassi, Inc., dba Symbiosis 5365 Alhambra Avenue Los Angeles, CA 90032 888.214.5263 www.socalambu.com/	SO		X			888.214.5263	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	SPECIALTY CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Symons Emergency Specialties, Inc. dba Symbiosis 3115 Palisades Drive Corona, CA 92880 909.880.2979 www.symonsambulance.com	SY		X	X	X	909.880.2979	
Trinity Ambulance and Medical Transportation, LLC 8205 Somerset Boulevard Paramount, CA 90723 562.677.1000	TR		X			888.677.1003	
Viewpoint Ambulance, Inc. 1341 N. Miller Street, Suite 209 Anaheim, CA 92806 www.viewpointambulance.com	VA		X		X	888.202.6500	
Vital Care Ambulance, Inc. 1480 Colorado Blvd. #135 Los Angeles, CA 90041 www.vitalcareambulance.com	VI		X			323.747.1072	
West Coast Ambulance, Inc. 647 West Avenue L-14 Lancaster, CA 93534 800.880.0556 www.westcoastambulance.org	WE		X	X	X	800.880.0556	Provides ambulette (van) transportation also.
Westmed Ambulance, Inc. dba McCormick Ambulance Service 2020 South Central Avenue Compton, CA 90220-5302 www.mccormickambulance.com	WM	EOA 6, 7, 8, 9 City of Santa Monica City of Torrance	X	X		888.349.8944	

EMS AIRCRAFT OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
REACH Air Medical Services, LLC 451 Aviation Boulevard, Suite 101 Santa Rosa, CA 95403 707.324.2400 www.reachair.com	RE		X	X		707.303.4970 800.338.4045	EMS Aircraft Provider RN/Paramedic Staffed

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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">American Medical Response of Southern California</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision emergency ambulance transportation services in Emergency Operating Area 1. EOA 1 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 1 allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 2 (City of Monrovia)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Schaefer Ambulance Services through February 22, 2019 Care Ambulance Service temporarily assigned area until an RFP can be conducted Due to default on agreement and Schaefer filing for bankruptcy</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 2.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 3</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 3.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 4.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 5</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 5.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 6</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains Urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 6. EOA 6 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 6 allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 7</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 7. EOA 7 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 7, allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 8 (City of Redondo Beach)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 8. EOA 8 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 8, allowing for an effective date of July 1, 2017 – June 30, 2027</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 9</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 9. EOA 9 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 9, allowing for an effective date of July 1, 2017 – June 30, 2027</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Alhambra</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Alhambra Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Alhambra has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Alhambra had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Alhambra Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Arcadia</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Arcadia Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Arcadia has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Beverly Hills</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Beverly Hills Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Beverly Hills has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Beverly Hills City of Arcadia had provided continuous emergency ambulance services prior to 1981. On April 2, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Burbank</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Burbank Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Burbank has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Burbank had provided continuous emergency ambulance services prior to 1981. On May 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Culver City</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Culver City Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Culver City has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Culver City had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Downey</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Downey Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Downey has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of El Segundo</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">El Segundo Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">El Segundo has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of El Segundo had provided continuous emergency ambulance services prior to 1981. On September 3, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of El Segundo Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Hermosa Beach</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Hermosa Beach Fire Department Length of operation prior to 1981 Hermosa Beach entered into an agreement with Los Angeles County Fire Department as of January 1, 2018, for fire protection and ALS services. The City of Hermosa Beach maintained their emergency ambulance transportation service through an agreement with McCormick Ambulance.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Hermosa Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Hermosa Beach had provided continuous emergency ambulance services prior to 1981. On June 19, 1991, they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits. The City subcontracted with McCormick Ambulance Services to provide emergency ambulance transportation on January 1, 2018.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of La Verne</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">La Verne Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">La Verne has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Long Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Long Beach Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Long Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Los Angeles</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Los Angeles City Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Los Angeles has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Manhattan Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Manhattan Beach Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Manhattan Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Manhattan Beach had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Monterey Park</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Monterey Park Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Monterey Park has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Pasadena had provided continuous emergency ambulance services prior to 1981. On April 23, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Gabriel</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of San Gabriel Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Gabriel has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of San Gabriel had provided continuous emergency ambulance services prior to 1981. On August 20, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Marino</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of San Marino Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Marino has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of San Marino had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Marino Fire Department has provided service without a change in scope of manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Santa Monica</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Santa Monica Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Santa Monica has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Sierra Madre</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of Sierra Madre Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of Sierra Madre had provided continuous emergency ambulance services prior to 1981. On December 17, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of South Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of South Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">South Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 2798.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Torrance</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Torrance Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Torrance has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Avalon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Avalon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Avalon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of West Covina</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of West Covina Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">West Covina has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of West Covina had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Fernando</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">City of Los Angeles Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Fernando has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">The City of San Fernando entered into an agreement for the provision of emergency ambulance service with LA City prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA City covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Vernon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Vernon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Vernon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Vernon had provided continuous emergency ambulance services prior to 1981. On November 26, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2018-2019)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Glendale</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Glendale Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Glendale has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ender. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2018-2019)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title: City of Compton</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: City of Compton</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request for Proposal process, Los Angeles County entered into an Exclusive Emergency Ambulance Transportation Service Agreement with Westmed Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 6.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



Los Angeles County Emergency Medical Services Agency Quality Improvement Plan 2019-2020



I. Introduction

Los Angeles County EMS Agency Mission Statement

To advance the health of our communities by ensuring quality emergency and disaster medical services

The Los Angeles County (LAC) Emergency Medical Services (EMS) Agency is responsible for monitoring and implementing regulatory oversight over for one of the largest multijurisdictional EMS systems in the nation. The LAC system utilizes more than 18,000 certified EMS personnel employed by public and private organizations, fire departments, ambulance companies, hospitals, and law enforcement agencies to provide emergency and non-emergency prehospital care to over 10 million residents and visitors.

LAC requires a comprehensive quality improvement (QI) program to provide ongoing system evaluation to maintain quality in day-to-day operations while implementing process improvement strategies to advance patient care delivery that are consistent with best practices and evidence-based medicine. The QI plan provides the written framework for the QI program.

Our system utilizes a multidisciplinary collaborative approach to drive improvement. It is educational, not punitive by design to encourage the exchange of information to enhance patient safety and minimize adverse events. Quality patient care delivery is sustained through ongoing evaluation, timely system feedback and education, in addition to, providing opportunities to acknowledge performance excellence within the system.

The EMS Agency and QI program supports the California EMS Authority (EMSA) in the development, implementation, and reporting of statewide core measures.

The LAC EMS QI plan is written in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 12: *Emergency Medical Services System Quality Improvement* and is consistent with the State of California *Emergency Medical Services System Quality Improvement Program Model Guidelines* and *EMSA 166, Appendix E, EMS Core Quality Measures*.

II. Structure and Organizational Description

A. Organizational Description [Link to Org Chart](#)

B. QI Structure – The LAC EMS Agency QI Program utilizes an integrated process that incorporates all EMS system stakeholders to develop, implement, and support QI activities. The committees described below are the structure that supports the QI Program.

1. **EMS Agency QI Team** – The EMS QI Team is the guiding body for EMS QI Program activities. The EMS Agency QI Team meetings are convened as needed to support the QI system needs. Members include, but are not limited to, the following representatives:

EMS Agency Medical Director
EMS Agency Director
EMS Agency Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
System EMS QI Coordinator
Chief Prehospital Care Operations
Chief Hospital Programs
Chief Data Management
Additional EMS Agency staff, when needed

Responsibilities of the EMS Agency QI Team include the following:

- Cooperate with EMSA in carrying out the responsibilities of the EMS QI Program in accordance with the Quality Improvement Program Model Guidelines and EMS Core Quality Measures.
- Collaborate with EMSA in the development and implementation of statewide EMS performance indicators.
- Maintain and support local QI/Advisory committees to incorporate input from EMS system participants for the development, implementation, evaluation, and monitoring on local and statewide measures.
- Facilitate and support the development of training and educational programs as they relate to action plans and other QI activities.
- Convene and facilitate Research Collaborative Committees to assist with evaluating performance and developing strategies to improve regionalized specialty care systemwide.
- Make recommendations for the development and revision of the LAC EMS Agency policies and Treatment Protocols that are consistent with best practices and evidence-based medicine.
- Serve as a resource to support QI among all programs and appropriate stakeholder groups.
- Publish an annual data report and provide ongoing reports to the EMS community.
- Review and update the LAC EMS QI Program as needed.

2. **Base Hospital / 9-1-1 Provider Agency QI Committee**

Meetings are held quarterly; members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency System EMS QI Coordinator
Designated EMS Agency staff
Prehospital Care Coordinators from each Base Hospital
Paramedic Coordinator and /or Fire Department Nurse Educator from each
9-1-1 Provider Agency
Ad hoc members/representatives:
 Pediatric Liaison Nurse from EDAP
 Air Operations Provider Agency
 Emergency Medical Dispatch
 Private (non-911) Provider Agency QI Committee

3. **Private Non 9-1-1 Provider Agency QI Committee**

Meetings are held every four months; members include, but are not limited to:

EMS Agency Medical Director or Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
EMS Agency System QI Coordinator
Chief Prehospital Operations and other designated EMS Agency staff
Non 9-1-1 BLS/ALS/CCT provider agencies
Ad hoc members/representatives:
 Approved paramedic training programs
 Approved EMT training programs
 9-1-1 Provider Agency
 Emergency Medical Dispatch

4. **Trauma Hospital Advisory Committee (THAC) - QI Sub-Committee**

THAC meetings are held every other month to address trauma care in LAC. For QI meeting purposes, THAC QI is divided into three sub-committees each covering a region of the county. The QI sub-committees meet quarterly and report back to THAC. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency Trauma Program Manager and designated staff
Trauma Medical Director (surgeon) from each designated Trauma Center
Trauma Center Program Manager (RN) from each designated Trauma Center
TAG members, as needed



5. **Medical Advisory Council (MAC)**

MAC Meetings are held quarterly to assist the EMS Agency Medical Director in carrying out regulatory responsibilities, provide recommendations on written treatment guidelines, policies and procedures that are consistent with best practices and evidence-base medicine. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
EMS Agency Physician Specialist(s)
System EMS Agency QI Coordinator
Designated EMS Agency staff
Medical Directors from each Base Hospital
Medical Directors from each Provider Agency
Representatives:
Trauma Hospital physician
Association Prehospital Care Coordinators
9-1-1- Receiving Hospital physician

6. **ST Elevation Myocardial Infarction (STEMI) Receiving Center (SRC)/
Advisory Committee**

SRC/ROSC program QI meetings are divided into four regions. Meetings are held biannually, at a minimum, to maintain and improve program quality appropriate to the SRC system. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director/Assistant Director
EMS Agency Assistant Medical Director
Paramedic Training Institute Medical Director
EMS Agency SRC Program Manager
Designated EMS Agency staff
Medical Director from each SRC
9-1-1 Provider Agency Paramedic



7. **Stroke Center Advisory/QI Committee**

Stroke program meetings are held biannually, at minimum, to maintain and improve quality of stroke care delivery. The EMS Agency implemented Comprehensive Stroke Center (CSC) designation in early 2018. CSC hospital designation includes Thrombectomy Capable Stroke Centers (TSC) and CSCs. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director/Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Physician Specialist



EMS Agency Stroke Program Coordinator
Designated EMS Agency Staff
Medical Directors from each designated stroke center
Stroke Coordinators from each designated stroke center

8. Pediatric Advisory Committee (PedAC)

The PedAC meets quarterly to provide expert oversight and address QI needs specific to pediatric patients. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director/Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Pediatric Physician Specialist
EMS Agency EDAP Program Manager
Designated EMS Agency staff
Pediatric Liaison Nurse from each region
EDAP Medical Director from each EDAP region
Pediatric Medical Center (PMC) Medical Director from each PMC region
Pediatric Medical Center (PMC) Coordinator from each PMC
Medical Director and a Program Manager from a Pediatric Trauma Center



9. Data Collaborative/Research Collaborative

The data collaborative workgroup members include physician specialists, program medical directors and managers, designated program representatives, and other subject matter experts as needed. The primary purpose is to utilize the EMS Agency data to evaluate, provide recommendations, and develop quality initiatives to improve the delivery of care within our local regional programs and support EMS research through publication. The current Data Collaborative/Research Collaborative include: STEMI, Stroke, Trauma, and Pediatric .[Link to Publications](#)

10. EMS Commission Advisory Committees

The advisory committee meetings are held every other month with exception to the Education Advisory Committee (EAC). EAC meetings are convened ad hoc under the direction of the Committee Chair. Each advisory committee's membership represents the constituent groups as outlined in the EMS Commission bylaws. The EMS Commission Advisory Committee membership includes the following:

Base Hospital Advisory Committee (BHAC)
Provider Agency Advisory Committee (PAAC)
Data Advisory Committee (DAC),
Education Advisory Committee (EAC)

11. Innovation, Technology and Advancement Committee (ITAC)

ITAC is designed to evaluate innovative technologies and provide recommendations to the EMS Agency Medical Director and Director regarding implementation and oversight on new products, pharmacological interventions,

and novel equipment. ITAC recommendations are shared with EMS system stakeholders and published on the EMS Agency website.

[Link to Ref. No. 205, ITAC Policy](#) [Link to Ref. No. 205.1, ITAC Recommendations](#)

Meetings will be held quarterly or as directed by the Chair; members include, but are not limited to:

EMS Agency Director of Education and Innovation
Medical Advisory Council, (3) Physician Representatives
PAAC Representative/Alternate
BHAC Representative/Alternate
PedAC Representative/Alternate
Primary Training Program, Paramedic and EMT
Subject matter experts and EMS Agency staff, as needed

III. **Data Management**

A. **Data Collection**

The EMS Agency obtains information through a variety of methods that include the following sources: electronic data exchange, hard copy review, internal and external customer surveys, and program reviews (audits). Data collection is primarily conducted via the Trauma and Emergency Medicine Information System (TEMIS), Lancet Technology Innovative Data Solutions by ESO. The TEMIS database assists the EMS Agency in evaluating, monitoring, and coordinating all EMS system components, as well as meet state data collection requirements.

All public 9-1-1 and Exclusive Operating Area provider agencies utilize an electronic patient care record (ePCR) platform. Private (non-9-1-1) provider agencies, paramedic base hospitals and trauma centers utilizing paper PCR capture the required data elements using an approved electronic platform and standard paper forms (EMS Report Form, Base Hospital Form and Trauma Patient Summary Form). All paramedic base hospitals and trauma centers conduct data entry on site. The data is uploaded automatically to a dedicated File Transfer Protocol (FTP) site every 24 hours.

Other mechanisms by which the EMS Agency obtains data include direct data input to the LA STEMI and LA Stroke databases by the designated SRC and stroke hospitals. Stroke data is also downloaded from the *Get With The Guidelines (GWTG)* Patient Management Tool. Helicopter EMS (HEMS) data is submitted to the EMS Agency on a quarterly basis from the three HEMS providers in LA County. The EMS Agency continues to work on the process of incorporating the STEMI, Stroke and HEMS data into TEMIS. Systemwide data collection on hospital diversion, bed availability, and surge capacity are collected via ReddiNet.

The Public Safety Agency Data Registry allows public safety agencies approved for naloxone administration to enter data directly into the data registry. Each public safety agency may utilize the data registry to generate reports on their own agency to assist in the quality improvement process required for program approval. The EMS Agency oversees the data and will provide aggregate system reports.



B. **Data Validation**

Data submitted to the EMS Agency databases undergoes an extensive data quality review and clean up through the following mechanisms:

1. EMS Agency data entry personnel conduct monthly peer review data audits. Identified errors are corrected and overall data entry performance is included in the data entry personnel's periodic performance evaluation report.
2. EMS provider agencies utilizing electronic data collection are required to validate their data using the EMS Agency's published EMS Data Validator before submission to the FTP site. The EMS Agency conducts a secondary validation before final upload to TEMIS. Data that fails validation is rejected and sent back to the EMS Provider for correction.
3. Annual data audits are conducted by the EMS Agency for each EMS Provider Agency. A corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.
4. Data clean up reports are generated by the EMS Agency on a quarterly basis for Paramedic Base Hospitals and Trauma Centers. In general, a corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.
5. Documentation reports are routinely developed and disseminated in the quality improvement committees for evaluation and education on the application of the data dictionary and data standards to improve reliability.

C. **Data Submission**

1. The EMS Agency ensures timely data collection and submission from base and trauma hospitals through written agreements.
2. Data collection requirements for other specialty care centers are prescribed in the specific specialty care center Standards and local policies.

3. EMS provider agency data collection requirements are governed by local policies. Submission of required data to the EMS Agency is highly dependent upon organizational resources (method of data collection/

ePCR vendor) and size (personnel/volume of EMS responses). The EMS Agency has established policies and procedures specific to submission of electronic patient care data. However, provider agencies experience vendor-related problems that cause significant delays in data submission to the EMS Agency. The EMS Agency and EMS community continue to work together on improving data collection and submission as the system transitions to the CEMISIS data requirements.
4. The LA County Trauma Center Programs participate in the American College of Surgeons Trauma Quality Improvement Program (TQIP) and are members of the LA County TQIP Collaborative. Collaborative system-level TQIP reports allow us to compare our system performance to national results and impart opportunities for system-wide QI projects.
5. EMS providers may be required to submit self-reported data utilizing Excel spreadsheets for the following reasons:
 - a. Non-911 (interfacility) transports are not entered into TEMIS.
 - b. Base hospitals and public 911 provider agencies may be required to submit data on prospective QI projects when the required data cannot be accessed through the EMS Agency databases.
 - c. Provider agencies approved for a pilot project with an expanded local scope of practice requiring data not captured in the EMS Agency databases.
 - d. The EMS Agency is joining the Cardiac Arrest Registry to Enhance Survival (CARES) with data entry into CARES database beginning January 2021 for system benchmarking.

D. Data Utilization

1. The EMS Agency utilizes the TEMIS, LA STEMI, LA Stroke, and GWTG databases for both statewide core measures and local system reports. The local reports are utilized for daily operations such as performance and contract monitoring, system audits, policy revision, and QI activities. The databases are also used to provide the information needed to analyze the potential impact of hospital diversions and closures.
2. Self-reported data utilizing Excel spreadsheets are utilized, when needed for private non-9-1-1 provider agency QI projects and evaluating performance and ensuring safety when new medications, treatment and/or devices are implemented into the system.

3. Public Safety Data Registry was implemented in May 2020 and will initially be utilized to evaluate the utilization of naloxone administered by approved public safety agencies. The plan is to expand the data registry to collect additional data regarding other field care provided by public safety agencies (i.e., tourniquet application and AED).

E. **Limitations**

1. **Separate Databases:** The existence of multiple databases is not ideal for timely reporting. Multiple data entry and data abstraction are conducted on the same patient. Data analysis is resource-intensive when data elements are found in the various databases.
2. **Multiple System Participants:** Data validation and transmission is complex as more EMS provider agencies move toward utilizing various ePCR software applications. Changes to the reporting standards often require additional time and expense.
3. **Data Quality:** Current methods of data capture require extensive data audits. Cleanup is needed to ensure valid and reliable data.
4. **Data Use Agreement (DUA):** Meaningful evaluation of system performance is highly dependent on the collaboration amongst the participants, consensus on how data will be collected and utilized. Currently, the EMS Agency is only able to share a limited dataset with the EMS Authority without a DUA in place. A DUA would allow for an open and full exchange of data that can be used to expand the evaluation of system performance and improve delivery of care.

IV. **Quality Indicators**

A. **Utilization of Provider Impression/New Treatment Protocols**

The new adult and pediatric Treatment Protocols (TP) utilizing Provider Impression (PI) codes were implemented in 2018 with systemwide transition complete in April 2019. The EMS Public 9-1-1 Provider Agency and Base Hospital QI Committee assist the EMS Agency in evaluating the transition. Reference 1373, Medical Control Guideline: Treatment Protocol Quality Improvement Fallout Data Dictionary is a comprehensive tool developed to assist with standardizing the QI process. [Link to Ref. No. 1373, TP QI Fallout Data Dictionary](#)

B. **Ambulance Patient Offload Time (APOT)**

The EMS Agency continues to work with the system participants to collect data using the Standardize Methods for Collecting and Reporting APOT data adopted by the EMS Authority. A workgroup has been convened to assist the EMS Agency in policy development to provide guidance in reducing 911 patient offload time. Members include representatives from the following organizations: Hospital Association of Southern California, Los Angeles County Ambulance Association, Emergency Nurses Association, Los Angeles County Professional Fire Fighter's union, public (9-1-1) and private (non-911) provider agencies, and base hospitals.

C. EMSA Core Quality Measures

The EMS Agency historically has participated in statewide data submission to CEMIS and continues to actively participate in statewide data collection through the submission of core measure data outlined in EMSA #166, EMS Quality Improvement Program Guidelines/Core Quality Measures. To ensure reliable and valid data, the EMS Agency will continue to update our data dictionary and provide training/feedback to EMS personnel on documentation of the core measure data elements with the exception of ambulance response times by zones. The LAC EMS system is not designed to collect data by zones. Alternatively, systemwide ambulance response times are collected and reported.

D. COVID-19

Early 2020 the EMS Agency implemented Reference No.1245, Potential COVID-19 Patients and Reference No. 845, Treat and Refer for Mild Respiratory Illness During the COVID-19 Outbreak to guide treatment and transport decisions during the emerging pandemic. This required a change in our system performance indicators to evaluate the delivery of care for potential COVID-19 patients.. A dedicated webpage was established to enable timely access to current information on COVID-19 related hospital and prehospital data, PPE distribution, and educational resources. Additionally, the EMS Agency implemented weekly Zoom conference calls, led by the Medical Director, to provide the EMS community with information and updates on clinical and operational aspects that impact the delivery of prehospital care. [Link to COVID Resources and Updates](#)

E. Local Performance Indicators

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Personnel	Continuous	Number of Emergency Medical Technician certifications that result in disciplinary action, ongoing tracking for variance	Prehospital Emergency Personnel System Information (PEPSI)	Certification and Program Approvals
Documentation	Quarterly	Number of base hospitals compliant with mandatory data fields documented Link to Base Hospital Documentation Manual - Required Data Fields	Base TEMIS DB	Hospital Programs/ Data Management

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Documentation	Quarterly	Percentage of (new) adult and pediatric TP compliance by 9-1-1 provider agencies and base hospitals – 2019, Q1 2020	*Self-reported	Prehospital Care Operations/ System QI
	Weekly	Starting Q2 2020 COVID - 19 Provider Impressions of concern and the Treatment Protocol 1245 Utilization / Compliance		Data available upon request
COVID-19 Data	Weekly	Link to COVID-19 Data Reports	EMS DB and self-reported	Data Management
Clinical Care and Patient Outcomes	Quarterly	Time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 min; reported 90 percentile	STEMI-DB	SRC/ROSC Program Link to LAC EMS System Report
	Quarterly	Percentage of suspected stroke patients transported to the Primary Stroke Center and Comprehensive Stroke Center	Stoke DB	Stroke Program
Skills Competency	Quarterly	Utilization of Provider Impressions	EMS TEMIS	Prehospital Operations/ System QI Data available upon request
Transportation/ Facilities	Annually	Trauma Center volume systemwide	Trauma and EMS TEMIS DB	Data Management
	Annually	Volume of patients transported by 9-1-1 from acute care hospitals by PI		Link to LAC EMS System Report

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Public Education and Prevention	Quarterly	Percentage of cardiac arrest 9-1-1 responses that receive bystander CPR (future metric)	EMS TEMIS DB	Prehospital Care Operations
	Annually	Number of citizens trained during the annual SideWalk “hands-only” CPR Program (Due to the pandemic, 2020-21 SideWalk CPR will be virtual and tracked through YouTube)	*Self-reported	
Risk Management	Quarterly	Percentage of compliance with Ref. 834, “treat and release” on scene by public 9-1-1 provider agencies	*Self-reported	Prehospital Care Operations /System QI Data available upon request

*Self-reported utilizing a standardized reporting method

V. Prehospital Research

Research provides an evidence base to support prehospital medical treatments and interventions. The EMS Agency actively supports prehospital research through the Research Data Collaboratives. [Link to EMS System Publications](#)

VI. Evaluation of System Indicators

- A. The System EMS QI Coordinator and designated staff prepare reports on system performance indicators to be utilized by the QI Team, Advisory Committees, and EMS Commission to ensure systemwide evaluation.
- B. Under the direction of the EMS Agency Medical Director, the EMS Agency QI Team will analyze system reports generated by each EMS Agency section responsible for reporting on current performance indicators and EMS Authority Core Measures.
- C. Presentations on performance indicators will be prepared in the most appropriate format to allow for ease of interpretation of data. Formats most commonly utilized include line charts, bar graphs, flowcharts, and data tables.

VII. Action to Improve

- A. The EMS Agency, under the direction of the Los Angeles County Department of Health Services, utilizes the FOCUS PDSA model for performance improvement.



1. **F**ind a process to improve; improvement needs are identified by the EMS Agency QI Team in collaboration with the TAG, QI and Advisory groups.
2. **O**rganize the process utilizing the team most familiar with the process related to the system process identified.
3. **C**larify current knowledge of the process by collecting information and reviewing current trends.
4. **U**nderstand capabilities and causes for variations in processes by utilizing brainstorming techniques and fishbone diagrams or flowcharts.
5. **S**elect a strategy or process for improvement that will most likely reduce or eliminate the causes for variation in performance.
6. **P**lan, determine objectives and develop plan in agreement with system participants.
7. **D**o, carry out the action according to established plan.
8. **S**tudy findings, the EMS QI Team with system input will analyze the findings, compare with hypothesis, and prepare a summary for a trend report.
9. **A**ct on findings, the EMS QI Team in collaboration with the TAG, QI and Advisory groups will determine performance improvement needs. A Quality Task Force may be chartered if needed, to carry out specific performance improvement plans.

VIII. Training and Education

- A. The effectiveness of the QI process is related to the efficacy of training and educational activities. Due the size and complexity of our system, training and education is accomplished through a variety of mechanisms:
1. **Quality Improvement Committees/Advisory Meetings**
Information needed for improving local system and statewide performance is disseminated to committee members for training and education of providers responsible for direct patient care.

2. **EMS Update**

Under the direction of Dr. Denise Whitfield, the EMS Agency staff, Paramedic Training Institute, and system stakeholders develop and implement the mandatory annual EMS Update that address educational and training needs related to performance improvement. The EMS Update 2020 format was changed to an on-line format utilizing a learning management system.

3. **EMS Data Report**

The EMS Agency publishes an annual data report that provides valuable feedback to the EMS community and citizens of Los Angeles on system demographics and performance. [Link to LAC EMS System Report](#)

4. 

The Emergi-Press is a web-based EMS educational forum located on the EMS Agency website. Educational material includes, ECG of the month video learning modules, and cases from the field that are posted monthly with availability to earn continuing education credit. Additionally, the Emergi-Press utilizes Updates from The Medical Director to communicate pertinent information to EMS personnel and stakeholders regarding system issues. [Link to Emergi-Press, current and past](#)

B. The EMS Agency QI Team and other advisory groups review policies and procedures to insure consistency with the EMSA and LAC EMS QI plan.

C. Once a performance improvement plan has been successfully implemented, the EMS Agency will post all policies and system updates to its website to allow timely access by all EMS participants.

VIII. **Update/Summary**

The QI plan was updated to reflect the changes in our plan and performance measures. Year 2020 required the EMS Agency to focus efforts on evaluating COVID-19 related Provider Impressions, utilization of Treatment Protocol Reference No. 1245, Potential COVID-19 Patient, Reference No.834, Patient Refusal of Treatment or Transport, and Reference No. 845, Treat and Refer for Mild Respiratory Illness During the COVID-19 Outbreak. An ad hoc committee with community partners was convened to evaluate the EMS Agency data and improve prehospital care for patients not transported. The QI plan is submitted to EMSA for review and published on the EMS Agency website for review by the EMS participants and system stakeholders.

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
Percentage of Emergency Medical Technician certifications that result in disciplinary action	Indicator revised to track number of EMT certifications that result in disciplinary action annually. See LAC EMS Plan for report.	Continue to monitor for variance	Office of Certification and Accreditation

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
Percentage of pts transported on a backboard when SMR is utilized	This indicator is on hold due to the implementation and evaluation of the new TPs - continue on hold for COVID related activities	TEMIS	System QI
Number of 91-1 provider agencies compliant with documentation of mandatory data fields Number of base hospitals compliant with documentation of mandatory data fields	In addition to the mandatory fields, the EMS Agency continues to work with the provider agencies on core measure data documentation through ongoing programs reviews and data audits.	Continue monitor and provide feedback to the EMS public 9-1-1 provider agencies & base hospitals	Hospital and Prehospital Programs/Data Management
Percentage of EMS PCR with PI = STRK with mLAPSS + and LAMS documented Volume of suspected stroke patients transported to the PSC and CSC	Data available upon request. Issue with mapping LAMS data resolved. Link to LAC EMS System Report	Continue to monitor and provide feedback to community partners Continue to monitor	Prehospital Operations Data Management
90 percentile for time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 minutes	Link to LAC EMS System Report Ongoing collaboration with system partners to reduce STEMI Referral Center door-in door-out.	Continue to monitor and provide feedback to system partners	SRC/ROSC Program
Percent of pts with PI = AGDE receiving midazolam PI =PSYC added	Data available upon request; systemwide education was provided in EMS Update 2019	Feedback provide to system participant, continue to monitor	System QI/Prehospital Operations

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
<p>Volume of patients transported by 911 from acute care hospitals, by chief complaint</p>	<p>Revised indicator to top 10 PIs, EMS 911 transports for adult and pediatric patients Link to System Report</p> <p>Additionally, evaluate top 5 PIs used by 911 provider agencies; self-reported reports. Data available upon request</p>	<p>Continue to monitor and provide feedback to EMS and base hospitals</p>	<p>Hospital Programs Prehospital Care Operations</p>
<p>Percentage of cardiac arrest 9-1-1 responses that receive bystander CPR</p>	<p>Link to LAC EMS System Report</p>	<p>Continue to monitor and provide feedback</p>	<p>Prehospital Care Operations</p>
<p>Number of citizens trained during the annual SideWalk “hands-only” CPR Program</p>	<p>The SideWalk CPR program trained >5,000 LA County residents and visitors in 2019; additionally, the EMS Agency assisted LAC DPH in reaching their goal to train 100,000 citizens in hands-only CPR</p> <p>The EMS Agency developed a video to provide virtual hands-only CPR training that can be accessed by through YouTube</p>	<p>Annual Program</p>	<p>System QI/Prehospital Care Operations</p>
<p>Percentage of “treat and release” on scene by public 9-1-1 provider agencies</p>	<p>Due to the revision of Ref. No. 834, Patient Refusal of Treatment or Transport, this indicator was changed to measure percentage of patients treated by EMS/released on scene w/o AMA; data available upon request. 834 task force convened in 2020 to revise policy</p>	<p>834 task force convened in 2020 to revise policy</p>	<p>EMS Agency</p>